

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 27 PM 3: 13

DOCUMENT # 766028 (5)

1. Corporation Name  
**VILLA CAPRI GARDENS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**301 S.E. 10TH AVE.  
POMPANO BEACH FL 33060  
US** **C/O ROGER R. STARY  
245 S.E. 10TH AVENUE  
POMPANO BEACH FL 33060  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/07/1982** 3a. Date of Last Report **01/19/1994**  
4. FEI Number **59-2062536** Applied For   
**NOT APPLICABLE** Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**ROGER R. STARY  
STARCREST APARTMENTS  
245 S.E. 10TH AVENUE  
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
PVP **STARY, ROGER R  
245 SE 10TH AVE.  
POMPANO BCH. FL**  
STD **ROGER R. STARY  
245 S.E. 10TH AVENUE  
POMPANO BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE  Change  Addition  
32 NAME **Nubia Stary Trustee**  
33 STREET ADDRESS **800 S.E. 5th Ct.**  
34 CITY - ST - ZIP **Pompano Beach, FL 33060**  
41 TITLE  Change  Addition  
42 NAME **T. John Keigley**  
43 STREET ADDRESS **245 S.E. 10th Ave**  
44 CITY - ST - ZIP **Pompano Beach, FL 33060**  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in block 12 or block 13 of changed, or on an attachment with an address.

SIGNATURE: *Roger R. Stary* **1/29/95** **305-943-7466**  
Signature of any typed or printed name of existing officer or director