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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 769767

1. Corporation Name

VILLAS DEL SOL HOMEOWNERS ASSOCIATION, INC.

439038 - 90014 - 1 0 *

Principal Place of Business

28200 BERMONT ROAD
 P O BOX 309
 PUNTA GORDA FL 33951-7309
 US

Mailing Address

28200 BERMONT ROAD
 P O BOX 309
 PUNTA GORDA FL 33951-7309
 US



2. Principal Place of Business

21 28200 BERMONT ROAD

Suite, Apt. #, etc.

22

City & State

23 PUNTA GORDA FL

Zip

24 33982

Country

25 USA

2a. Mailing Address

26 28200 BERMONT ROAD

Suite, Apt. #, etc.

27

City & State

28 PUNTA GORDA FL

Zip

29 33982

Country

30 USA

3. Date Incorporated or Qualified

08/08/1983

4. FEI Number

59-1501038

Applied For

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

9. Name and Address of Current Registered Agent

DEPLONTY, DUANE E.
 28200 BERMONT ROAD
 PUNTA GORDA FL 33951-7309

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
 33982

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
 DEPLONTY, DUANE E
 STREET ADDRESS
 937 BLUE HERON OVERLOOK
 CITY-ST-ZIP
 OSPREY FL

TITLE ☐ DELETE

NAME
 DEPLONTY, JOAN J
 STREET ADDRESS
 937 BLUE HERON OVERLOOK
 CITY-ST-ZIP
 OSPREY FL

TITLE ☐ DELETE

NAME
 CLARK, CAROL E
 STREET ADDRESS
 5906 PURDY LANE
 CITY-ST-ZIP
 PUNTA GORDA FL

TITLE ☐ DELETE

NAME
 OLSON, MARYANN
 STREET ADDRESS
 1456 FAUNWOOD CIRCLE
 CITY-ST-ZIP
 SARASOTA, FL 34632

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

ZIP 34229

2.1 TITLE

SECRETARY

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

ZIP 34229

3.1 TITLE

VICE PRESIDENT

3.2 NAME

CAROL E. VAUGHAN

3.3 STREET ADDRESS

20177 DANTE AVENUE

3.4 CITY-ST-ZIP

PORT CHARLOTTE, FL 33952

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Carol E. Vaughan* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

941-639-0663

Date

Daytime Phone #

CR2E037 (11/98)