

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAY 19 AM 11:00

DOCUMENT # F93000002153 (5)
1. Corporation Name

VILLA DEL RIO APARTMENT CORP.

Principal Place of Business Mailing Address
13760 Noel Rd., #600, LB70 13760 Noel Rd., #600, LB70
Dallas, TX 75240 Dallas, TX 75234
Attn: Legal Dept. Attn: Legal Dept.

2. Principal Place of Business 2a. Mailing Address
21 13760 Noel Rd. 26 13760 Noel Rd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 600, LB 70 27 Suite 600, LB 70
City & State City & State
23 Dallas, TX 28 Dallas, TX
Attn: Legal Dept. Attn: Legal Dept.
24 75240 25 USA 29 75240 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
05/10/93 '95
4. FFI Number Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 600002184706--B
-05/20/97--01040--001
84 City ***365 FL ***365.00

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

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
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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

11 TITLE ☐ Change ☒ Addition
12 NAME D
13 STREET ADDRESS Richardson, Laurence B.
14 CITY-ST-ZIP 114 Goodwives River Road
Darien, CT 06820
21 TITLE ☐ Change ☒ Addition
22 NAME D/P
23 STREET ADDRESS Taylor, Ron K.
24 CITY-ST-ZIP 13760 Noel Rd., #600, LB 70
Dallas, TX 75240
31 TITLE ☐ Change ☒ Addition
32 NAME S
33 STREET ADDRESS Smith, Barbara
34 CITY-ST-ZIP 13760 Noel Rd., #600, LB 70
Dallas, TX 75240
41 TITLE ☐ Change ☒ Addition
42 NAME T
43 STREET ADDRESS Flaming, Brandon K.
44 CITY-ST-ZIP 13760 Noel Rd., #600, LB 70
Dallas, TX 75240
51 TITLE ☐ Change ☒ Addition
52 NAME 96-20000
53 STREET ADDRESS 97-16300
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS

14. I do 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron K. Taylor, Pres.

05/12/97 (972) 448-5800

Daytime Phone

CR2E034 (9/96)