

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G09722 (1)

1. Corporation Name

VILLA NOVA MOTEL, INC.



Principal Place of Business

PELOWSKI, ANNA
1001 - 34TH ST. NORTH
ST PETERSBURG FL 33713
US

Mailing Address

% PELOWSKI, ANNA
1001 - 34TH ST. NORTH
ST PETERSBURG FL 33713
US

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

PELOWSKI, ANNA T.
1001 - 34TH ST, NORTH
ST PETERSBURG FL 33713

3. Date Incorporated or Qualified
11/18/1982

3a. Date of Last Report
01/30/1995

4. FBI Number

59-2239923

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

Signature, typed or printed name of registered agent and the filer, if different

(Filer is a registered agent or preparer in business with the state)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DA**
STREET ADDRESS **PELOWSKI, ANNA T.**
CITY-STATE-ZIP **5849-99TH TERRACE NORTH**
PINELLAS PARK FL

TITLE ☐ DELETE
NAME **YP**
STREET ADDRESS **TERESA PELOWSKI**
CITY-STATE-ZIP **5849 99th TERRACE N.**
PINELLAS PARK FL

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **CATHERINE PELOWSKI**
CITY-STATE-ZIP **5849 99th TERRACE N**
PINELLAS PARK FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 119.07(3)(k), 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: *Anna Pelowski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Customer Print Name

CR2E034 (12/95)