

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 # **L17597** (0)

1. Corporation Name

VILLAGE REALTY ASSOCIATES, INC.



Principal Place of Business

Mailing Address

%CATHERINE M. KAE LIN
4400 HIGHWAY 20 EAST, SUITE 109
NICEVILLE FL 32578
US

%CATHERINE M. KAE LIN
4400 HIGHWAY 20 EAST, SUITE 109
NICEVILLE FL 32578
US

3. Date Incorporated or Qualified
09/20/1989

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **4534 HIGHWAY 20 EAST**

26 **4534 HIGHWAY 20 EAST**

FEL Number
59-2968940

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

NICEVILLE, FL

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip **32578**

25 Country **USA**

29 Zip

30 Country

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

KAE LIN, CATHERINE M.
4400 HIGHWAY 20 EAST
SUITE 109
NICEVILLE FL 32578

81 Name **KAE LIN, CATHERINE M**

82 Street Address (P.O. Box Number is Not Acceptable)
4534 Hwy 20 EAST

84 City **NICEVILLE**

85 State **FL**

86 Zip Code **32578**

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	DVP	<input type="checkbox"/> DELETE
NAME	RECHER, PAULINE	
STREET ADDRESS	14 BLUEWATER POINT DR.	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MEISENHEIMER, RAYMOND C.	
STREET ADDRESS	302 LIDO COVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KAE LIN, CATHERINE M.	
STREET ADDRESS	111 GLENEAGLES DR	
CITY-ST-ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *Catherine M. Kaelin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/12/96** Telephone: **904/897-5000**

CR2E034 (12/95)