

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

19.

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**

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

**DOCUMENT # M76623**  
 Corporation Name

**VILLA MARINA, INC.**

## Principal Place of Business

 3044 68TH ST N  
 ARGO FL 33773  
 S

## Mailing Address

 500 LILLIAN DRIVE  
 MADEIRA BEACH FL 33708

## Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 2a. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 9. Name and Address of Current Registered Agent

**COLANDREA, ANTONIO**  
**13044 68TH ST N**  
**K-MART SHOPPING CENTER**  
**LARGO FL 33773**

## 3. Date Incorporated or Qualified

04/14/1988

## 4. FEI Number

59-2888738

## 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 owes the current year

Intangible Personal Property.

☐ 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

I, 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

## OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE	ME	REET ADDRESS	Y-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

I, I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Antonio Colandrea*

Date

Daytime Phone #

7-19-99 727-5357722

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90013 015 \*\*\*\*75.00

04-25-1999 90013 016 \*\*\*\*75.00

607176 - 90003 - 3


 PLEASE CONFIRM THIS  
 IN WRITING.

DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)