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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N03441 (5)

1. Corporation Name

LA VILLITA CONDOMINIUM VILLAS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6262 142ND AVE N CLUBHOUSE
CLEARWATER FL 34620

6262 142ND AVE N CLUBHOUSE
CLEARWATER FL 34620-2757

3. Date Incorporated or Qualified
06/05/1984

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2853989

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

FREDERICI, JEFFREY F
6262 142ND AVE N- 1401
CLEARWATER FL 34620

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD DELETE
NAME BALDWIN, SARA
STREET ADDRESS 6262 142ND AVE N.
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE PD Change Addition
1.2 NAME Frederici Daniel F
1.3 STREET ADDRESS 216 Falling Leaves Ct
1.4 CITY-ST-ZIP St. Louis MO 63141

TITLE VTD DELETE
NAME FREDERICI, JEFFREY F
STREET ADDRESS 6262 142ND AVE. N., 1401
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE VTD Change Addition
2.2 NAME Frederici Jeffrey
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME PERHACH, PETER
STREET ADDRESS 1730 ALT. 19 S., SUITE G
CITY-ST-ZIP TARPON SPRINGS FL 34689

3.1 TITLE FD Change Addition
3.2 NAME Frederici, Jane D
3.3 STREET ADDRESS 2402 Hampton Ln W
3.4 CITY-ST-ZIP Safety Harbor FL 34695

TITLE PD DELETE
NAME FREDERICI, DANIEL F
STREET ADDRESS 216 FALLING LEAVES CT.
CITY-ST-ZIP ST. LOUIS MO

4.1 TITLE SD Change Addition
4.2 NAME Frederici Angela
4.3 STREET ADDRESS 216 Falling Leaves Ct
4.4 CITY-ST-ZIP St. Louis MO

TITLE S DELETE
NAME GONZALEZ, MARY
STREET ADDRESS 6262 142ND AVE N.
CITY-ST-ZIP CLEARWATER FL 34620

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeffrey Frederici* UTD 1-27-98 813-530-3448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0087286

CR2E037 (9/96)