FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:25

DOCUMENT # N07837 (0)

1. Corporation Name

VILLAS ON MISNER'S BRANCH HOMEOWNERS' ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
54 MISNER'S TRAIL ORMOND BCH FL 32174	54 MISNER'S TRAIL ORMOND BCH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1985
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2505195 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LINGG, CINDY 43 MISNER'S TRAIL ORMOND BEACH FL 32174	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	KOMISINSKI, PETER	1.2 NAME	Jim Torino
STREET ADDRESS	27 MISNER'S TRAIL	1.3 STREET ADDRESS	18 MISNER TRL
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	ORMOND Beach FL 32174
TITLE	VD	2.1 TITLE	VD ☑ Change ☐ Addition
NAME	KIRBY, MICHAEL	2.2 NAME	Leslie Somers
STREET ADDRESS	37 MISNER'S TRAIL	2.3 STREET ADDRESS	24 Misner trl
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	Ormond Beach FL 32174
TITLE	SD	3.1 TITLE	SD ☑ Change ☐ Addition
NAME	WAGLE, BETTY	3.2 NAME	Grace Cureton
STREET ADDRESS	31 MISNER'S TRAIL	3.3 STREET ADDRESS	10 MISNER TRL
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	ORMOND Beach FL 32174
TITLE	TD	4.1 TITLE	TD ☑ Change ☐ Addition
NAME	LINGG, CINDY	4.2 NAME	Harry Ioannidis
STREET ADDRESS	43 MISNER'S TRAIL	4.3 STREET ADDRESS	25 Misner trl
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP	Ormond Beach FL 32174
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RODGERS, HARRIETT	5.2 NAME	
STREET ADDRESS	32 MISNER'S TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	PONA, JOHN	6.2 NAME	
STREET ADDRESS	3 MISNER'S TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H. Ioannidis 3- 904 673-1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #