## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N07837

(0)

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

Principal Place of Business		Mailing Address		O THERITY OF DOING TORRY THIND CITIL TORK DIRECT DIDING TORK BY BAT DIDING THE PROPERTY OF THE	
54 MISNER'S TRAIL		54 MISNER'S TRAI	L		
ORMOND BC		ORMOND BCH FL			
				3. Date incorporated or Qualified	3a. Date of Last Report
				02/26/1985	04/05/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2505195	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	0- 4-	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 30	This corporation has liability for i     Florida Statutes	ritangible tax under s. 199.032, □ Yes □ No
24	9 Name and Address	29 cof Current Registered Agent	1301	10. Name and Address of New R	
81 Name					
LINGG, (	CIMIDY			Carol Rowland	
	ER'S TRAIL		82 Street A	Address (P.O. Box Number is Not Acceptab	ko)
	D BEACH FL 32174		83		
Olimoni	D DENOTITE 02174			Ormond Beach	
			84 City		FL  85   32974
11. Pursuant to	o the provisions of Section	s 617.0502 and 617.1508, Florida St	atutes, the above-named co	rporation submits this statement for the pur	pose of changing its registered office
or registere	ed agent, or both, in the St	ate of Florida. Such change was auth nos of Section 6, 7,0503. Florida Stal	norized by the corporation's butes	poard of directors. Thereby accept the appo	pintment as registered agent. I am
	(((1)))	ou Dan CC	AROL ROWL	and	3-6-96
SIGNATURE: _	Signature, typed or printed harrie of r	egistered agent and titley' apple able	(NOTE: Registered Agent signature re	quired when renstating?	DATE
12.	l <sub>OFF</sub>	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	w
TITLE	PD	<b>X</b> ] D€L E T£	1 1 TITLE	President/Director	Change 🗀 Addition
NAME	TORINO, JIM		1.2 NAME	CarolRowland	
STREET ADDRESS	18 MISNER TRAIL		1.3 STREET ADDRESS	12 Misners Trail	
CITY - ST - ZIP	ORMOND BEACH F		14 CITY - ST - 7IP	Ormond Beach, Fl	
TITLE	VD	□ DELETE	2 1 TITLE	Vice Pres/Director	Change Addition
NAME	SOMERS, LESLIE		2 2 NAME	Leslie Somers	
STREET ADDRESS	24 MISNER TRAIL		2 3 STREET ADDRESS	24 Misners Trail	
CITY - ST - ZIP	ORMOND BEACH F		2 4 CITY - ST - ZIP	Ormond Beach, Fl.	K Change
TITLE	SD CHARTON CRACE	<b>⊠</b> DELETE	3 1 TITLE	Secretary/Director	Change Addition
NAME	CURETON, GRACE		3 2 NAME	Linda Stambaugh	
STREET ADDRESS	10 MISNER TRAIL		3 3 STHEET ADDRESS	9 Misners Trail Ormond Beach,Fl	
CITY-ST-ZIP	ORMOND BEACH F	L DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE NAME	TO HARRY	Kintreit	4.1 VIILE 4. 2 NAME	Treasurer/Director	E Change I regular
STREET ADDRESS	IONNIDIS, HARRY 25 MISNER TRAIL		4. 2 NAME 4.3 STREET ADDRESS	Phyllis Weinstein	
	ORMOND BEACH F	:I		15 Misners Trail Ormond Beach, Fl	
CHTY-ST-ZIP TITLE	D DEACH P	<u>r.</u> ⊠DELETE	4.4 CITY - ST - 7IF 5.1 TITLE	Director	Change Addition
NAME	RODGERS, HARRIE		5.2 NAME		المساورة والمساورة والمساو
STREET ADDRESS	32 MISNER'S TRAIL		5 3 STREET ADDRESS	Henry Lehrer 17 Misners Trail	
CITY-ST-ZIP	ORMOND BEACH F		5.4 CITY - S <sup>1</sup> - ZIP	Ormond Beach Fl	
TITLE	D	DELETE	6111116	Director	Change Addition
NAME	PONA, JOHN		62 NAME	John Pona	
STREET ADDRESS	3 MISNER'S TRAIL		6.3 STHEET ADDRESS	3 Misners Trail	
		L 32174			
14. I do hereb	v certify that the informatio	n supplied with this filing is voluntarily	furnished and does not qua	Ormond Beach F1  If y 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: Byclis Warner for Signing OFFICER OR DIRECTOR