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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32174-8533

3. Date Incorporated or Qualified: 02/26/1985
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROWLAND, CAROL
12 MISNERS TRAIL
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: SOMERS, LESLIE
82 Street Address (P.O. Box Number is Not Acceptable)
83: 24 MISNERS TRAIL
84 City: ORMOND BEACH FL 85 Zip Code: 32174

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: LESLIE SOMERS, PRESIDENT Leslie Somers 02/24/97
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	PD	☒ DELETE	1.1 TITLE	P/T/D	☒ Change ☐ Addition
NAME	ROWLAND, CAROL		1.2 NAME	SOMERS, LESLIE	
STREET ADDRESS	12 MISNERS TRAIL		1.3 STREET ADDRESS	24 MISNERS TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VD	☒ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SOMERS, LESLIE		2.2 NAME	PEACOCK, JOSEPHINE	
STREET ADDRESS	24 MISNER TRAIL		2.3 STREET ADDRESS	53 MISNERS TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	SD	☒ DELETE	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	STAMBAUGH, LINDA		3.2 NAME	PIJOT BETTY	
STREET ADDRESS	9 MISNERS TRAIL		3.3 STREET ADDRESS	51 MISNERS TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEINSTEIN, PHYLLIS		4.2 NAME		
STREET ADDRESS	15 MISNERS TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEHRER, HENRY		5.2 NAME		
STREET ADDRESS	17 MISNERS TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	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		

CR2E037 (9/96)

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: Leslie Somers LESLIE SOMERS, PRESIDENT 02/24/97 (904) 693-4629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number