

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07837** (0)
1. Corporation Name
VILLAS ON MISNER'S BRANCH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 54 MISNER'S TRAIL ORMOND BCH FL 32174		Mailing Address 54 MISNER'S TRAIL ORMOND BCH FL 32174		3. Date Incorporated or Qualified 02/26/1985	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2505195 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent SOMERS, LESLIE 24 MISNERS TRAIL ORMOND BEACH FL 32174		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
NAME	PEACOCK, JOSEPHINE	1.2 NAME	ANTHONY, JENN
STREET ADDRESS	53 MISNERS TR	1.3 STREET ADDRESS	43 MISNERS TR
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	PD	2.1 TITLE	SP
NAME	SOMERS, LESLIE	2.2 NAME	MAYER, MARY
STREET ADDRESS	24 MISNER TRAIL	2.3 STREET ADDRESS	10 MISNERS TR
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	SD	3.1 TITLE	TD
NAME	PIJOT, BETTY	3.2 NAME	KIRBY, MARTHA
STREET ADDRESS	51 MISNERS TR	3.3 STREET ADDRESS	37 MISNERS TR
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE		4.1 TITLE	D
NAME		4.2 NAME	MORRIS, JOHN
STREET ADDRESS		4.3 STREET ADDRESS	22 MISNERS TR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE		5.1 TITLE	D
NAME		5.2 NAME	LUNDTORF, NICHOLAS
STREET ADDRESS		5.3 STREET ADDRESS	35 MISNERS TR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE		6.1 TITLE	D
NAME		6.2 NAME	WRINTEID, ERNEST
STREET ADDRESS		6.3 STREET ADDRESS	15 MISNERS TR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174

14. I 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 04-13-98 (04)693-7629

CR25037 (10/97)