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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07837

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

9. Name and Address of Current Registered Agent

SOMERS, LESLIE
24 MISNERS TRAIL
ORMOND BEACH FL 32174

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

02/26/1985

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

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

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 Leslie Somers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VD ANTHONY, JEAN**
STREET ADDRESS **43 MISNERS TR**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ DELETE

NAME **PD SOMERS, LESLIE**
STREET ADDRESS **24 MISNER TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☒ DELETE

NAME **SD MAYER, MARY**
STREET ADDRESS **10 MISNERS TR**
CITY-ST-ZIP **ORMOND BEACH FL 32194**

TITLE ☐ DELETE

NAME **TD KIRBY, MARTHA**
STREET ADDRESS **37 MISNERS TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☒ DELETE

NAME **D LUCHTORIO, NICHOLA**
STREET ADDRESS **35 MISSNERS TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☒ DELETE

NAME **D WEINSTEID, ERNEST**
STREET ADDRESS **15 MISNERS TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **SD JOHN MORRIS**
3.3 STREET ADDRESS **22 MISNERS TR**
3.4 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **ASST SD JOSEPHINE PEACOCK**
5.3 STREET ADDRESS **53 MISNERS TR**
5.4 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Leslie Somers Leslie Somers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99

Date

904-673-4629

Daytime Phone #

CR2E037 (11/98)