

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N12190** (7)

1. Corporation Name  
**VILLA ESTA II ASSOCIATION, INC.**



Principal Place of Business: **775 TAMiami TRAIL, 775 TAMiami TR, PORT CHARLOTTE FL 33953**  
Mailing Address: **26461 EXPLORER RD, UNIT G, PUNTA GORDA FL 33983, US**

3. Date Incorporated or Qualified: **11/20/1985**  
3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business: **21 SAME**  
2a. Mailing Address: **26 SAME**  
22. Suite, Apt. #, etc. / City & State / Zip / Country (all crossed out)

4. FEI Number: **59-2111152**  
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  
**FIORIELLO MARK J, 26461 EXPLORER RD, UNIT G, PUNTA GORDA FL 33983**

10. Name and Address of New Registered Agent  
81. Name: **SAME**  
82. Street Address (P.O. Box Number is Not Acceptable):  
83.  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 617.0902 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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>FIORIELLO, MARK J.</b>	
STREET ADDRESS	<b>26431 EXPLORER RD, UNIT G</b>	
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/>
NAME	<b>VOLLMAR, ALEX</b>	
STREET ADDRESS	<b>26431 EXPLORER RD, UNIT D</b>	
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>FIORIELLO, MARK J.</b>	
STREET ADDRESS	<b>26431 EXPLORER RD, UNIT G</b>	
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *[Signature]* **1/10/96** **941-625-0421**  
DATE: Daytime Phone #

CR2E037 (12/95)