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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:57

DOCUMENT # **N12787** **(0)**

1. Corporate Name

VILLA MAISON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% ROBERT O. WILLIAMS 380 WEST ALFRED ST. TAVARES FL 32778	% ROBERT O. WILLIAMS 380 WEST ALFRED ST. TAVARES FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1985
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2679189 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Kent Fuller	26 c/o Kent Fuller
Suite, Apt. #, etc. 22 11325 C.R. 44	Suite, Apt. #, etc. 27 P.O. Box 493033
City & State 23 Leesburg, FL	City & State 28 Leesburg, FL
Zip / Country 24 34788 / 25 U.S.A.	Zip / Country 29 34749 / 30 U.S.A.

9. Name and Address of Current Registered Agent

WILLIAMS, ROBERT O.
380 W ALFRED ST
TAVARES FL 32778

10. Name and Address of New Registered Agent

31 Name: Minkoff, Sanford
32 Street Address (P.O. Box Number is Not Acceptable): 226 W. Alfred St.
33
34 City: Tavares **FL** 35 Zip Code: 32778

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/27/95
(If changing registered agent, registered agent must sign.) (New Registered Agent signature required for new agent.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
11 TITLE	PD	11 TITLE: STD ☐ Change ☒ Addition
12 NAME	FULLER, G KENT	12 NAME: Fuller, Margaret B.
13 STREET ADDRESS	COUNTY ROAD 44 EAST	13 STREET ADDRESS: 9317 Fernery Road
14 CITY-ST-ZIP	LEESBURG FL 34788	14 CITY-ST-ZIP: Leesburg, FL 34788
21 TITLE	STD	21 TITLE: ☐ Change ☐ Addition
22 NAME	~~WILLIAMS, ROBERT O~~	22 NAME:
23 STREET ADDRESS	~~380 WEST ALFRED ST~~	23 STREET ADDRESS:
24 CITY-ST-ZIP	~~TAVARES FL 32778-3298~~	24 CITY-ST-ZIP:
31 TITLE	VD	31 TITLE: ☐ Change ☐ Addition
32 NAME	GRAY, JOHN A	32 NAME:
33 STREET ADDRESS	POST OFFICE BOX 490865	33 STREET ADDRESS:
34 CITY-ST-ZIP	LEESBURG FL 34749-0865	34 CITY-ST-ZIP:
41 TITLE		41 TITLE: ☐ Change ☐ Addition
42 NAME		42 NAME:
43 STREET ADDRESS		43 STREET ADDRESS:
44 CITY-ST-ZIP		44 CITY-ST-ZIP:
51 TITLE		51 TITLE: ☐ Change ☐ Addition
52 NAME		52 NAME:
53 STREET ADDRESS		53 STREET ADDRESS:
54 CITY-ST-ZIP		54 CITY-ST-ZIP:
61 TITLE		61 TITLE: ☐ Change ☐ Addition
62 NAME		62 NAME:
63 STREET ADDRESS		63 STREET ADDRESS:
64 CITY-ST-ZIP		64 CITY-ST-ZIP:

14. I/We 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)(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: [signature] April 26, 1995 904-728-1422
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0053378