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NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	N12787	(0)
VILLA MAISON CON	DOMINIUM ASSOCIATION,	INC.

US 3. Date Incorporated or Qualified 12/30/1985 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Business 2c. Principal Place of Business 2c. Mailing Address 2c. Mailing Address 2c. Mailing Address 2c. Mailing Address 3c. Date Incorporated or Qualified 12/30/1985 3c. Date Incorporated or Qualified 12/30/1985 3c. Date of Last Report 05/01/1995 3c. Date Incorporated or Qualified 12/30/1985 3c. Date Incorporated or Qualified 12/30/1985 3c. Date of Last Report 05/01/1995 3c. Date of Last Report 05/01/1995 3c. Date Incorporated or Qualified 12/30/1985 3c. Date of Last Report 05/01/1995 3c. Date Incorporated or Qualified 12/30/1985 3c. Date Incorporated 05/01/1995 3	Principal Place C/O KENT F 11325 C.R. 4 LEESBURG F	ULLER 4	Mailing Address C/O KENT FULLER P.O. BOX 490033 LEESBURG FL 34749	-				
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25	22		27	<u>.</u>		5. Certificate of Status Desired	7	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 226 W. ALFRED ST. TAVARES FL 32778 12. Success Affrocas Statutes 13. Namere 23. Success Affrocas Statutes 14. Pursuant to the provisions of Sections 617,0502 and 617,1502. Fixed Statutes 15. Pursuant to the provisions of Sections 617,0502 and 617,1502. Fixed Statutes 16. Namere 25. Success Affrocas PFO Gos Numbers is Not Acceptable) 380 West Alfred Street 3	23		28					
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11. Pursuant to the provisions of Sections 617,0502 and 617,1503. 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 submissionably the corporation's board of decotors. I hereby accept the dispositionary of Section 617,0503, Florida Statutes. SIGNATURE Commissionary Florida Statutes	226 W. A	ALFRED ST.		8:	Gary I Street Addr 380 We	ess (P.O. Box Number is Not Acceptabest Alfred Street	lock	Zin.Code
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certify that the information indicated on this annual report or supplemented 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 frustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR