

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 # N12787 (0)

1. Corporation Name

VILLA MAISON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O KENT FULLER  
11325 C.R. 44  
LEESBURG FL 34788  
US

Mailing Address

C/O KENT FULLER  
P.O. BOX 493033  
LEESBURG FL 34749  
US



3. Date Incorporated or Qualified  
12/30/1985

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINKOFF, SANFORD  
226 W. ALFRED ST.  
TAVARES FL 32778

81

Name  
Gary L. Summers, Esquire

82

Street Address (P.O. Box Number is Not Acceptable)  
380 West Alfred Street

83

84

City  
Tavares

FL

85

Zip Code  
32778-43298

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

*Gary L. Summers*  
Signature, typed or printed name of registered agent and title if applicable.

(*Gary L. Summers*)

(NOTE: Registered Agent signature required when reinstating)

2/14/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FULLER, G KENT	
STREET ADDRESS	COUNTY ROAD 44 EAST	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRAY, JOHN A	
STREET ADDRESS	POST OFFICE BOX 490865	
CITY-ST-ZIP	LEESBURG FL 34749-0865	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FULLER, MARGARET B.	
STREET ADDRESS	9317 FERNERY ROAD	
CITY-ST-ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/94

900 352-  
787 1422

CR2E037 (12/95)