

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1985

3a. Date of Last Report

03/26/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SUMMERS, GARY L ESQ.
380 W ALFRED ST
TAVARES FL 32776

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FULLER, G KENT
STREET ADDRESS COUNTY ROAD 44 EAST
CITY-ST-ZIP LEESBURG FL 34788

TITLE YD ☐ DELETE

NAME GRAY, JOHN A
STREET ADDRESS POST OFFICE BOX 490865
CITY-ST-ZIP LEESBURG FL 34749-0865

TITLE STD ☐ DELETE

NAME FULLER, MARGARET B.
STREET ADDRESS 9317 FERNERY ROAD
CITY-ST-ZIP LEESBURG FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD ☒ Change ☐ Addition

1.2 NAME G. Kent Fuller

1.3 STREET ADDRESS 11325 CR 44E

1.4 CITY-ST-ZIP Leesburg FL 34788

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Gray, Dottie

2.3 STREET ADDRESS P.O.Box 493355

2.4 CITY-ST-ZIP Leesburg FL 34749

3.1 TITLE PD ☒ Change ☐ Addition

3.2 NAME Margaret B. Fuller

3.3 STREET ADDRESS 9317 Fernery Rd.

3.4 CITY-ST-ZIP Leesburg FL 34788

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME 300002294643--5

4.3 STREET ADDRESS -09/16/97--01069--006

4.4 CITY-ST-ZIP *****61.25 *****61.25

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE

SIGNATURE REQUIRED

9/21/97

352 880-1423

APPROVED
AND
FILED

97 SEP 11 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (4/97)