

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 APR -6 AM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N13340 (7)**
1. Corporation Name
VILLA CAPRI HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
720 VIA MILANO APOPKA FL 32712 **720 VIA MILANO APOPKA FL 32712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/06/1986** 3a. Date of Last Report **04/05/1994**

4. FEI Number **59-2874642** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**CALLAGHAN, MICHAEL
720 VIA MILANO
APOPKA FL 32712**

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 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 typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BAUM, DONNA
STREET ADDRESS	617 VIA MILANO
CITY - ST - ZIP	APOPKA FL
TITLE	VPD
NAME	FIBER, J.W.
STREET ADDRESS	645 VIA MILANO
CITY - ST - ZIP	APOPKA FL
TITLE	PD
NAME	CALLAGHAN, MICHAEL
STREET ADDRESS	720 VIA MILANO
CITY - ST - ZIP	APOPKA FL
TITLE	VPD
NAME	BERCH, JOHAN
STREET ADDRESS	724 VIA MILANO
CITY - ST - ZIP	APOPKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DOLORIS ANDERSON
13 STREET ADDRESS	720 VIA MILANO
14 CITY - ST - ZIP	APOPKA, FL 32712
21 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	FIBER, J.W.
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	BERGH, JOHAN
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	T.D. HENRY FIELD
53 STREET ADDRESS	2014 VIA ADANO
54 CITY - ST - ZIP	APOPKA, FL 32712
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Callaghan* **Michael Callaghan** 1/31/95 407-880-1460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR