

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996

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



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

Principal Place of Business: 2023 Via Adano Ct, Apopka, Florida 32712  
 Mailing Address: 2023 Via Adano Ct, Apopka, Florida 32712

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		2/6/1986	4/6/1995
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEL Number	Applied For
22		27		59-2874642	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
Woodrow B. Wilmot 2023 Via Adano, Ct. Apopka, Florida 32712				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Woodrow B. Wilmot 2023 Via Adano, Ct. Apopka, Florida 32712				81 Name	Woodrow B. Wilmot		
				82 Street Address (P.O. Box Number is Not Acceptable)	2023 Via Adona Ct.		
				83			
				84 City	Apopka	FL	85 Zip Code
							32712

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: *Woodrow B. Wilmot* July 8, 1996  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	11 TITLE	PD	WOODROW B. WILMOT	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Anderson, Doloris		12 NAME	TD	2023 VIA ADANO CT.		
STREET ADDRESS	720 VIA MILANO		13 STREET ADDRESS		APOPKA, FL. 32712		
CITY-ST-ZIP	APOPKA, FL. 32712		14 CITY-ST-ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	21 TITLE	SD	CYTHENIA HANKS	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DRIBER, J. W.		22 NAME		2022 VIA ADANO, CT.		
STREET ADDRESS	645 VIA MILANO		23 STREET ADDRESS		APOPKA, FL. 32712		
CITY-ST-ZIP	APOPKA, FL. 32712		24 CITY-ST-ZIP				
TITLE	pd	<input type="checkbox"/> DELETE	31 TITLE	D	CHARLEE LEONARD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALLAGHAN, MICHAEL		32 NAME		776 VIA MILANO		
STREET ADDRESS	720 VIA MILANO		33 STREET ADDRESS		APOPKA, FL. 32712		
CITY-ST-ZIP	APOPKA, FL. 32712		34 CITY-ST-ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	41 TITLE	D	DAVID ALOWERS	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BERGH, JOHAN		42 NAME		779 VIA MILANO		
STREET ADDRESS	724 VIA MILANO		43 STREET ADDRESS		APOPKA, FL. 32712		
CITY-ST-ZIP	APOPKA, FL. 32712		44 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	51 TITLE	D	DEL WILLIAMSON	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FIELD, HENRY		52 NAME		630 VIA MILANO		
STREET ADDRESS	2014 VIA ADANO CT.		53 STREET ADDRESS		APOPKA, FL. 32712		
CITY-ST-ZIP	APOPKA, FL. 32712		54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE				
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			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 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: *Woodrow B. Wilmot* 8 July 96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

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7/16/96