

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13340 (7)**  
1. Corporation Name  
**VILLA CAPRI HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business: **621 Via Milano Cir**  
~~2023 VIA ADANO CT.~~  
APOPKA FL 32712

Mailing Address: **621 Via Milano Cir**  
~~2023 VIA ADANO CT.~~  
APOPKA FL 32712

3. Date Incorporated or Qualified: **02/06/1986**  
3a. Date of Last Report: **07/16/1996**

21. Principal Place of Business	2e. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

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**

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

9. Name and Address of Current Registered Agent  
**WILMONT, WOODROW B.**  
**2023 VIA ADANO CT.**  
**APOPKA FL 32712**

10. Name and Address of New Registered Agent

81. Name: **Donald R Newton**

82. Street Address (P.O. Box Number is Not Acceptable): **621 Via Milano Cir**

83. City: **Apopka**

84. State: **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: *Donald R Newton* DATE: **3-29-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDT</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILMONT, WOODROW B.</b>	1.2 NAME	<b>Stephens, Joanne</b>
STREET ADDRESS	<b>2023 VIA ADANO CT.</b>	1.3 STREET ADDRESS	<b>787 Via Milano Cir</b>
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	1.4 CITY-ST-ZIP	<b>APOPKA, FL 32712</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>HANKS, CYTHENIA</b>	2.2 NAME	
STREET ADDRESS	<b>2022 VIA ADANO CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>PDT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEONARD, CHARLEE</b>	3.2 NAME	
STREET ADDRESS	<b>776 VIA MILANO</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>FLOWERS, DAVID</b>	4.2 NAME	
STREET ADDRESS	<b>799 VIA MILANO</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>WILLIAMSON, DEL</b>	5.2 NAME	
STREET ADDRESS	<b>630 VIA MILANO</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Newton, Donald R.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>621 Via Milano Cir</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Apopka FL 32712</b>

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: *Donald R Newton*

CR2E037 (9/96)