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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business Mailing Address  
621 VIA MILANO CIR. APOPKA FL 32712 US  
621 VIA MILANO CIR. APOPKA FL 32712 US

3. Date Incorporated or Qualified  
02/06/1986

4. FEI Number  
59-2874642

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent  
NEWTON, DONALD R  
621 VIA MELANO CIR.  
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 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 Donald R. Newton Donald R. Newton TD 4-19-98

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENS, JOANNE	
STREET ADDRESS	787 VIA MILANO CIR.	
CITY-ST-ZIP	APOPKA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HANKS, CYTHENIA	
STREET ADDRESS	2022 VIA ADANO CT.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	PDT	<input checked="" type="checkbox"/> DELETE
NAME	LEONARD, CHARLEE	
STREET ADDRESS	776 VIA MILANO	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALOWERS, DAVID	
STREET ADDRESS	799 VIA MILANO	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, DEL	
STREET ADDRESS	630 VIA MILANO	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEWTON, DONALD R	
STREET ADDRESS	621 VIA MILANO CIR.	
CITY-ST-ZIP	APOPKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Young, Joyce	
1.3 STREET ADDRESS	767 Via Milano Cir	
1.4 CITY-ST-ZIP	Apopka, FL 32712	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HAAS, Lorriane	
2.3 STREET ADDRESS	739 Via Milano Cir	
2.4 CITY-ST-ZIP	Apopka, FL 32712	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bunka, William	
3.3 STREET ADDRESS	732 Via Milano Cir	
3.4 CITY-ST-ZIP	Apopka, FL 32712	
4.1 TITLE	VB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Langford, Ken	
4.3 STREET ADDRESS	755 Via Milano Cir	
4.4 CITY-ST-ZIP	Apopka, FL 32712	
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 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 Donald R. Newton TD 4-19-98 (407) 889-9301

CFR2E037 (10/97)