FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N13340

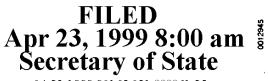
1. Corporation Name

VILLA CAPRI HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
621 VIA MILANO CIR.
APOPKA EL 32712

Mailing Address

621 VIA MILANO CIR.



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US	:/1 2	US					
- , .	lace of Business	2a. Mailing Address			Date Incorporated or Qualifed 02/06/1986		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 59-2874642	Applied Fo	
City & State	е	City & State	~ .	-	5. Certificate of Status Desired	\$8.75 Additions	\neg
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 May Be	
24	25		<u>' </u>		Trust Fund Contribution	Added to Fees	
	9. Name and Address of Curren	t Registered Agent	81	None	10. Name and Address of New Regis	stered Agent	-
		•	81	Name			
NEWTON,	DONALD R		82	Street Ad	idress (P.O. Box Number is Not Acceptable)	<u> </u>	\Box
621 VIA M	IELANO CIR.		<u> </u>			 	
APOPKA F	FL 32712		83				
	ratal History	•	84	City		FL 85 Zip Code	
11. Pursuant		2 and 617.1508, Florida Statutes,	the abov	e-named co	orporation submits this statement for the purp	ose of changing its register	red
office or re agent. I a	egistered agent, or both, in the State mifamiliar with, and accept the oblige	tions of Section 617.0503, Florida	Statutes		ation's board of directors. I hereby accept the	/ /	
SIGNATURE	I House K. Y/	entre Do	M1.1	K. 1	VEWTON 4/	2//99	-
12.	Signature, typed or printed name of registered igen	ID DIRECTORS	13.	ii sigriatura raqi	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 1	12
TITLE	D . OFFICERS AIN	DELETE	1.1 TITLE		SD		ddition
· ·	YOUNG, JOYCE		1.2 NAME				
NAME				T ADDRESS	763 U.c. m. la no	٠	
STREET ADDRESS	767 VIA MILANO CIR			T 710	100pKA FL 32712	-	
CITY-ST-ZIP	APOPKA FL 32712	DELETE	1.4 CITY-S 2.1 TITLE	1-412	3 op 15 # 1 = 3=1,12	☐ Change ☐ Ac	ddition
TITLE	SD	© DECEIL	2.1 111LE 2.2 NAME		عه والماما		
NAME .	HAAS, LORRIANE			.0.	Gerald Weissland	Cir	
STREET ADDRESS	739 VIA MILANO CIR						Ī
CITY-ST-ZIP	APOPKA FL 32712	- December	2. 4 CITY-5	ST-ZIP	Apopka 71 3271	☐ Change ☐ Ad	ddition
TITLE	PD	DELETE	3.1 TITLE	1	• •		Julion
NAME	BUNKA, WILLIAM		3.2 NAME				
STREET ADDRESS	732 VIA MILANO CIR		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712		3.4. CITY-5	97-ZIP		Change Clas	ddition
TITLE	VD	☐ DELETE	4.1 TITLE			☐ Change ☐ A	DUMUIT
NAME	LANGFORD, KEN		4. 2 NAME				
STREET ADDRESS	755 VIA MILANO CIR	•	4.3 STREE	T ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712		4.4 CITY- S	T-ZIP			ddistan
TITLE	D	☐ DELETE	5.1 TITLE			Change A	Addition
NAME	WILLIAMSON, DEL		5.2 NAME				
STREET ADDRESS	630 VIA MILANO			TADORESS			
CITY-ST-ZIP	APOPKA FL 32712		5.4 CITY- S	T-ZIP			
. MLE	TD	☐ DELETÉ	6.1 TITLE	1		☐ Change ☐ Ad	ddition
NAME	NEWTON, DONALD R		6.2 NAME				
STREET ADDRESS	621 VIA MILANO CIR.		6.3 STREE	TADDRESS			ľ
CULY ET 210	APOPKA FI		6.4 CITY-S	T-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, with all other like empowered.

SIGNATURE: