

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90313 043 \*\*\*\*61.25

0022025

**DOCUMENT # N13340**

1. Entity Name

**VILLA CAPRI HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

621 VIA MILANO CIR.  
 APOPKA FL 32712  
 US

Mailing Address

621 VIA MILANO CIR.  
 APOPKA FL 32712  
 US

2. Principal Place of Business

**731 VIA MILANO CIR.**

Suite, Apt. #, etc.

3. Mailing Address

**MICHAEL LUONGO**

Suite, Apt. #, etc.

**731 VIA MILANO CIR.**

City & State

**APOPKA FL.**

City & State

**APOPKA, FL.**

4. FEI Number

**59-2874642**

Applied For

Not Applicable

Zip

**32712**

Country

**ORANGE**

Zip

**32712**

Country

**ORANGE**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NEWTON, DONALD R**  
**621 VIA MELANO CIR.**  
**APOPKA FL 32712**

7. Name and Address of New Registered Agent

Name **MICHAEL LUONGO**

Street Address (P.O. Box Number is Not Acceptable)

**731 VIA MILANO CIRCLE**

City **APOPKA**

**FL**

Zip Code

**32712**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Margaret Edwards* (SECRETARY)

4/20/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>RIKLI, CLARD</b>	
STREET ADDRESS	<b>633 VIA MILANO CIR</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SANDERS, SHIRLEY</b>	
STREET ADDRESS	<b>763 VIA MILANO CIR</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>GROOM, JAMES</b>	
STREET ADDRESS	<b>661 VIA MILANO CIR</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>COPELAND, JOANNE</b>	
STREET ADDRESS	<b>669 VIA MILANO CIR</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>NEWTON, DONALD R</b>	
STREET ADDRESS	<b>621 VIA MILANO CIR.</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERALD WEISS</b>	
STREET ADDRESS	<b>622 VIA MILANO CIR.</b>	
CITY-ST-ZIP	<b>APOPKA, FL. 32712</b>	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOANNE COPELAND</b>	
STREET ADDRESS	<b>669 VIA MILANO CIR.</b>	
CITY-ST-ZIP	<b>APOPKA, FL. 32712</b>	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARGARET EDWARDS</b>	
STREET ADDRESS	<b>719 VIA MILANO CIR.</b>	
CITY-ST-ZIP	<b>APOPKA, FL. 32712</b>	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES GROOM</b>	
STREET ADDRESS	<b>661 VIA MILANO CIR.</b>	
CITY-ST-ZIP	<b>APOPKA, FL. 32712</b>	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAEL LUONGO</b>	
STREET ADDRESS	<b>731 VIA <del>MILANO</del> MILANO CIR.</b>	
CITY-ST-ZIP	<b>APOPKA, FL. 32712</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Edwards* (MARGARET EDWARDS - SECRETARY) 844-7934  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/20/01 Daytime Phone # 407-844-7934

CR2E037 (10/00)