

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-02-2002 90102 005 ****61.25

DOCUMENT # **N13340**

1. Entity Name

VILLA CAPRI HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

30611

2. Principal Place of Business

621 VIA MILANO CIR.

Suite, Apt. #, etc.

3. Mailing Address

621 VIA MILANO CIR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

APOPKA, FL. 32712

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

7. Name and Address of Current Registered Agent

Name **DON NEWTON**

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

621 VIA MILANO CIR

City **APOPKA**

FL

Zip Code

32712

**DO NOT WRITE
IN THIS SPACE**

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 **DON NEWTON, TREASURER**

Don R. Newton

4-12-02

DATE

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

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	P/D RIKLI CLARK 633 VIA MILANO CIR. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HENRY FIELD 2014 VIA ADAMO COURT APOPKA, FL. 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D DON NEWTON 621 VIA MILANO CIR. APOPKA, FL. 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MARGARET W. EDWARDS 719 VIA MILANO CIR. APOPKA, FL. 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ ANDREW D'AMICO 716 VIA MILANO CIR. APOPKA, FL. 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Margaret W. Edwards** (**MARGARET W. EDWARDS**) **4-12-0** (**407-84-7934**)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #