

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90101 047 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2874642**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWTON, DON  
621 VIA MILANO CIR  
APOPKA FL 32712**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

*+ Don Newton*  
(NOTE: Registered Agent Signature required when reinstating)

*3-31-03*  
DATE

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

9. Election Campaign Financing  
Trust Fund Contribution.

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>CLARK, RIKLI</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>D'AMICO, ANDREW</b>	
STREET ADDRESS	<b>716 VIA MILANO CIR</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>EDWARDS, MARGARET</b>	
STREET ADDRESS	<b>719 VIA MILANO CIR</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>FIELD, HENRY</b>	
STREET ADDRESS	<b>2014 VIA ADANO COURT</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>NEWTON, DON</b>	
STREET ADDRESS	<b>621 VIA MILANO CIR</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Miller, Mary</i>	
STREET ADDRESS	<i>650 Via Milano Cir.</i>	
CITY-ST-ZIP	<i>Apopka, FL 32712</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *+ Don Newton*  
**Signature Required**

*3-31-03 4078899301*

CR2E037 (10/02)