

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N15364 (5)

1. Corporation Name

VILLA CITY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 331 RD
GROVELAND FL 34736

P.O. BOX 331 RD
GROVELAND FL 34736

3. Date Incorporated or Qualified
06/12/1986

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOKES, RUTH V
6206 LAKE EMMA RD
GROVELAND FL 32736

81 Name HAROLD E. KYLE

82 Street Address (P.O. Box Number is Not Acceptable)
5639 MARYSVILLA RD

84 City GROVELAND

FL

85 Zip Code 34736

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

Harold E. Kyle

HAROLD E. KYLE

3/3/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, DUANE	
STREET ADDRESS	18929 ORANGE AVENUE	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ANNETTE	
STREET ADDRESS	18929 ORANGE AVENUE	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THOMPSON, NORMA	
STREET ADDRESS	18426 VILLA CITY RD.	
CITY-ST-ZIP	GROVELAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STOKES, RUTH V	
STREET ADDRESS	6206 LAKE EMMA RD	
CITY-ST-ZIP	GROVELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DALESIO, DON	
STREET ADDRESS	5609 MARYS VILLA RD	
CITY-ST-ZIP	GROVELAND FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	NORRIS, MARY	
STREET ADDRESS	6630 LAKE EMMA ROAD	
CITY-ST-ZIP	GROVELAND FL	

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHNNIE K. STORM	
1.3 STREET ADDRESS	18340 W. SHORE LANE	
1.4 CITY-ST-ZIP	GROVELAND FL 34736	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HAROLD E. KYLE	
2.3 STREET ADDRESS	5639 MARYSVILLA RD	
2.4 CITY-ST-ZIP	GROVELAND FL 34736	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRANKLIN REAVES	
3.3 STREET ADDRESS	5601 MOON LAKE RD	
3.4 CITY-ST-ZIP	GROVELAND FL 34736	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THOMAS FERGUSON	
4.3 STREET ADDRESS	N/A PO BOX 581	
4.4 CITY-ST-ZIP	GROVELAND FL 34736	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MISSY PUSKAS	
5.3 STREET ADDRESS	18316 WEST SHORE LANE	
5.4 CITY-ST-ZIP	GROVELAND FL 34736	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GENE BROWN	
6.3 STREET ADDRESS	18725 VILLA CITY ROAD	
6.4 CITY-ST-ZIP	GROVELAND FL 34736	

14. I do 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: *Harold E. Kyle* HAROLD E. KYLE

CR2E037 (9/96)