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**Apr 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15364 (5)
 1. Corporation Name
VILLA CITY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business P.O. BOX 331 RD GROVELAND FL 34736	Mailing Address P.O. BOX 331 RD GROVELAND FL 34736
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3. Date Incorporated or Qualified 06/12/1986		
4. FEI Number 59-2548653	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**KYLE, HAROLD E
5839 MARYSVILLA RD
GROVELAND FL 34736**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME STORM, JOHNNIE K	
STREET ADDRESS 18340 W. SHORE LANE	
CITY-ST-ZIP GROVELAND FL	
TITLE T	<input type="checkbox"/> DELETE
NAME KYLE, HAROLD E	
STREET ADDRESS 5839 MARYSVILLE RD	
CITY-ST-ZIP GROVELAND FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME THOMPSON, NORMA	
STREET ADDRESS 18426 VILLA CITY RD.	
CITY-ST-ZIP GROVELAND FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME STOKES, RUTH V	
STREET ADDRESS 6206 LAKE EMMA RD	
CITY-ST-ZIP GROVELAND FL	
TITLE VPD	<input type="checkbox"/> DELETE
NAME REAVES, FRANKLIN	
STREET ADDRESS 5801 MOON LAKE RD	
CITY-ST-ZIP GROVELAND FL	
TITLE D	<input type="checkbox"/> DELETE
NAME FERGUSON, THOMAS	
STREET ADDRESS P.O. BOX 581 N/A	
CITY-ST-ZIP GROVELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME REAVES FRANKLIN	
1.3 STREET ADDRESS 5601 MOON LAKE RD	
1.4 CITY-ST-ZIP GROVELAND FL	
2.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME HANSEN, ANDREW	
2.3 STREET ADDRESS 19415 VILLA CITY ROAD	
2.4 CITY-ST-ZIP GROVELAND FL	
3.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME FERGUSON, THOMAS	
3.3 STREET ADDRESS PO BOX 581 N/A	
3.4 CITY-ST-ZIP GROVELAND FL	
4.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME STORM, JOHNNIE K	
4.3 STREET ADDRESS 18340 W. SHORE LANE	
4.4 CITY-ST-ZIP GROVELAND FL	
5.1 TITLE THOMPSON, NEVIN DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME 18426 VILLA CITY RD.	
5.3 STREET ADDRESS GROVELAND FL	
5.4 CITY-ST-ZIP	
6.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME NORRIS, MARY	
6.3 STREET ADDRESS 6670 LAKE EMMA RD.	
6.4 CITY-ST-ZIP GROVELAND FL	

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.

SIGNATURE: Harold E. Kyle KYLE 4/16/98 (352) 429-0776

CR2E037 (10/97)