

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90008 036 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15364**  
 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>06/12/1986</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2548653</b> Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>KYLE, HAROLD E. 5639 MARYSVILLA RD GROVELAND FL 34736</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	REAVES, FRANKLIN 55601 MOON LAKE RD GROVELAND FL	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T	KYLE, HAROLD E 5639 MARYSVILLE RD GROVELAND FL	1.2 NAME HANSEN, ANDREW	
TITLE S	FERGUSON, THOMAS POB 581 GROVELAND FL	1.3 STREET ADDRESS 19415 VILLA CITY RD	
TITLE D	STOM, JOHNNIE K 18340 2 SHORE LN GROVELAND FL	1.4 CITY-ST-ZIP GROVELAND FL 34736	
TITLE VPD	REAVES, FRANKLIN 5601 MOON LAKE RD GROVELAND FL	2.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	FERGUSON, THOMAS P.O. BOX 581 N/A GROVELAND FL	2.2 NAME THOMPSON, NEVIN	
		2.3 STREET ADDRESS 18426 VILLA CITY RD	
		2.4 CITY-ST-ZIP GROVELAND FL 34736	
		3.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME STORM, JOHNNIE	
		3.3 STREET ADDRESS 18340 WEST SHORE LANE	
		3.4 CITY-ST-ZIP GROVELAND FL 34736	
		4.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME REAVES, FRANKLIN	
		4.3 STREET ADDRESS 5601 MOON LAKE RD	
		4.4 CITY-ST-ZIP GROVELAND FL 34736	
		5.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME HOLT, MICHAEL	
		5.3 STREET ADDRESS 6920 MARYLAND AVE	
		5.4 CITY-ST-ZIP GROVELAND FL 34736	
		6.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME HARRIS, MARY	
		6.3 STREET ADDRESS 6630 LAKE EMMA RD	
		6.4 CITY-ST-ZIP GROVELAND FL 34736	

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, with all other like empowered.

SIGNATURE: Kyle Harris SIGNATURE REQUIRED: E. KYLE Date: 3/15/99 (352) 429-0776 Daytime Phone #

CR2E037 (1/99)