

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90046 010 ****61.25

DOCUMENT # N15364

1. Entity 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 34736-0331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2548653

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KYLE, HAROLD E
5639 MARYSVILLA RD
GROVELAND FL 34736

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	HANSEN, ANDREW	19415 VILLA CITY RD	GROVELAND FL 34736	<input checked="" type="checkbox"/>	P	TITUMPSON, NEVIN	18426 VILLA CITY RD	GROVELAND FL 34736	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	KYLE, HAROLD E	5639 MARYSVILLE RD	GROVELAND FL	<input type="checkbox"/>	VP	MICHAEL HOLT	6920 MARYLAND AVE	GROVELAND FL 34736	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	FERGUSON, THOMAS	POB 581	GROVELAND FL	<input type="checkbox"/>	D	RUTH STOKES	30 STOVIN AVE EAST	WINTER PARK FL 32789	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	REAVES, FRANKLIN	5601 MOON LAKE RD	GROVELAND FL 34736	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	THOMPSON, NEVIN	18426 VILLA CITY RD	GROVELAND FL 34736	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GERGUSON, THOMAS	P.O. BOX 581 N/A	GROVELAND FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

HANDWRITTEN SIGNATURE **REQUIRE** **C. KYLE, TREASURER** 3/17/00 (352) 429-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)