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FILED

May 02 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N15673 (9)

1. Corporation Name

VILLA NOVA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

21590 VILLA NOVA DRIVE  
BOCA RATON FL 3343321590 VILLA NOVA DRIVE  
BOCA RATON FL 33433-10313. Date Incorporated or Qualified  
07/01/19863a. Date of Last Report  
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number  
59-2769570Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILLESPIE, BOWEN R.  
1515 SOUTH FEDERAL HWY 300  
BOCA RATON FL 33432

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME LATAPIE, CARLOS  
STREET ADDRESS 7915 VILLA NOVA DR  
CITY-ST-ZIP BOCA RATON FL1.1 TITLE TSD ☐ Change ☒ Addition  
1.2 NAME FINELLI, LOUIS  
1.3 STREET ADDRESS 7738 VILLA NOVA DR  
1.4 CITY-ST-ZIP BOCA RATON FL 33433TITLE VPD ☒ DELETE  
NAME GAUDETTE, LORRAINE  
STREET ADDRESS 7939 VILLA NOVA DR  
CITY-ST-ZIP BOCA RATON FL2.1 TITLE VPD ☐ Change ☒ Addition  
2.2 NAME BEATY, CHARLES  
2.3 STREET ADDRESS 21615 VILLA NOVA DR  
2.4 CITY-ST-ZIP BOCA RATON FL 33433TITLE DT ☒ DELETE  
NAME DEBERNARDO, P  
STREET ADDRESS 21590 VILL NOVA DR.  
CITY-ST-ZIP BOCA RATON FL 334333.1 TITLE VPD ☐ Change ☒ Addition  
3.2 NAME BOLDUC, COLETTE  
3.3 STREET ADDRESS 7899 VILLA NOVA DR  
3.4 CITY-ST-ZIP BOCA RATON FL 33433TITLE VPD ☒ DELETE  
NAME DIVENUTA, MATTHEW  
STREET ADDRESS 21583 VILLA NOVA DR  
CITY-ST-ZIP BOCA RATON FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE SD ☒ DELETE  
NAME MAGLOCCO, SHIRLEY  
STREET ADDRESS 7947 VILLA NOVA DR  
CITY-ST-ZIP BOCA RATON FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME DEBERNARDO, P  
STREET ADDRESS 7867 VILLA NOVA DR  
CITY-ST-ZIP BOCA RATON FL6.1 TITLE PD ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LOUIS FINELLI 4/12/97 (560) 644367

Date

Daytime Phone # (560) 644367

CR2E037 (9/96)