FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40934** **(4)**

1. Corporation Name
VILLA ASSUMPTA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9995 N MILITARY TRAIL PALM BEACH GARDENS FL 33410	9995 N MILITARY TRAIL PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified: 11/20/1990
3a. Date of Last Report: 03/04/1994
4. FEI Number: 65-0233825 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 2539 NE Mission Drive	2a. Mailing Address 26 c/o P. O. Box 109650
Suite, Apt. #, etc. 22 #9-8	Suite, Apt. #, etc. 27
City & State 23 Jensen Beach, Fl.	City & State 28 Palm Beach Gardens, Fl.
Zip / Country 24 34957 / 25 Martin	Zip / Country 29 33410-9650 / 30 Palm Bch

5. Certificate of Status Desired: XX — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: XX — **$68.75** Supplemental Fee Not Required
8. 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
FITAGERALD, J. PATRICK 150 WEST FLAGLER STREET SUITE 2701 MIAMI FL 33130	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 110 Merrick Way 83 Suite 3-B 84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MCMAHON, JOHN R. REV.	12 NAME		
STREET ADDRESS	370 S.W. THIRD STREET	13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP		
TITLE	VSD	21 TITLE		☐ Change ☐ Addition
NAME	MURPHY, RICHARD	22 NAME		
STREET ADDRESS	1200 EAST 10TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	RYNNE, THOMAS J.	32 NAME		
STREET ADDRESS	2555 N.E. SAVANNA ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	CELLI, JOSEPH	42 NAME		
STREET ADDRESS	920 N.E. TOWN TERRACE	43 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE	T	☐ Change ☒ Addition
NAME	CHARPENTIER, MARCEL	52 NAME		
STREET ADDRESS	9995 N. MILITARY TRAIL	53 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	54 CITY-ST-ZIP		
TITLE	TD	61 TITLE	D	☒ Change ☐ Addition
NAME	SCHATTIE, ROBERT	62 NAME	ROBERT HEGGIE	
STREET ADDRESS	9995 N. MILITARY TRAIL	63 STREET ADDRESS	1234 NW SPRUCE RIDGE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	64 CITY-ST-ZIP	STUART, FL.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Marcel O. Charpentier — 3/24/95 — (407) 775-9560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Marcel O. Charpentier

0011317