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Feb 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N40934 (4)

1. Corporation Name

VILLA ASSUMPTA, INC.

Principal Place of Business

2539 NE MISSION DRIVE
STE 9-B
JENSEN BEACH FL 34957
US

Mailing Address

C/O P.O. BOX 109650
PALM BEACH FL 33410
US



3. Date Incorporated or Qualified
11/20/1990

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0233825

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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
110 MERRICK WAY
SUITE 3-B
CORAL GABLES FL 33134

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
NAME MCMAHON, JOHN R. REV.
STREET ADDRESS 370 S.W. THIRD STREET
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VSD
NAME MURPHY, RICHARD
STREET ADDRESS 1200 EAST 10TH STREET
CITY-ST-ZIP STUART FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME RYNNE, THOMAS J.
STREET ADDRESS 2555 N.E. SAVANNA ROAD
CITY-ST-ZIP JENSEN BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME CELLI, JOSEPH
STREET ADDRESS 920 N.E. TOWN TERRACE
CITY-ST-ZIP JENSEN BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE STD
NAME CHARPENTIER, MARCEL
STREET ADDRESS 9995 N. MILITARY TRAIL
CITY-ST-ZIP PALM BEACH GARDENS FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME ZALOOM, BASIL
STREET ADDRESS 9995 N MILITARY TRAIL
CITY-ST-ZIP PALM BEACH GARDENS FL

6.1 TITLE
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 correct 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 file 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 addendum.

SIGNATURE: *Marcel Charpentier* **Marcel Charpentier** Secretary/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078643

1-15-97 407-775-9560

CR2E037 (9/96)