

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90027 017 ****70.00

DOCUMENT # N40934 (4)

1. Corporation Name

VILLA ASSUMPTA, INC.

Principal Place of Business

Mailing Address

2539 NE MISSION DRIVE
SUITE #9-8
JENSEN BEACH, FL 34957

P.O. BOX 109650
PALM BEACH GARDENS
FL 33410

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

11/20/1990

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FITZGERALD, 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 ☐ DELETE
NAME MCMAHON, JOHN R. REV.
STREET ADDRESS 370 SW THIRD STREET
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE VSP ☐ DELETE
NAME MURPHY, RICHARD
STREET ADDRESS 1200 EAST 10th STREET
CITY-ST-ZIP STUART, FL

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

TITLE D ☒ DELETE
NAME RYNNE, THOMAS J
STREET ADDRESS 2555 NE SAVANNA ROAD, JENSEN BCH
CITY-ST-ZIP D

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME REV ROBERT MCGEE
3.3 STREET ADDRESS 2555 NE SAVANNA ROAD
3.4 CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE ☐ DELETE
NAME CELLI, JOSEPH
STREET ADDRESS 920 NE TOWN TERRACE
CITY-ST-ZIP JENSEN BEACH, FL 34957

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

TITLE STD ☒ DELETE
NAME CHARPENTIER, MARCEL
STREET ADDRESS 9995 N MILITARY TRAIL
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME ST
5.3 STREET ADDRESS SCHUTZ, MADELEINE LCSW
5.4 CITY-ST-ZIP 9995 N MILITARY TRAIL
PALM BEACH GARDENS, FL 33410

TITLE D ☐ DELETE
NAME ZALOOM, BASIL
STREET ADDRESS 9995 N MILITARY TRAIL
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Madeline Schutz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MADELEINE SCHUTZ

Date
3-8-99

Daytime Phone #
(561) 775-9566

CR2F037 (11/98)