FILE NOW: FILING FEE IS $61.25

FILED
Feb 14 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 # **N41809** **(7)**

1. Corporation Name

THE VESTAVIA NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
899 WOOD BRIDGE DR VENICE FL 34293	899 WOOD BRIDGE DR VENICE FL 34293-4313

3. Date Incorporated or Qualified: **01/25/1991**
3a. Date of Last Report: **06/19/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **65-0285445** ☐ 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

DOUGLAS, JESSICA
ADVANCED MANAGEMENT INC
899 WOOD BRIDGE DRIVE
VENICE FL 34293

10. Name and Address of New Registered Agent

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 Jessica E. Douglass-Agent — Jessica E. Douglass 1-28-97
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	T Director	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BREAULT, ROBERT		1.2 NAME		
STREET ADDRESS	236 VESTAVIA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		1.4 CITY-ST-ZIP		
TITLE	T-President	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	O' CONNOR, THOMAS		2.2 NAME		
STREET ADDRESS	238 VESTAVIA DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	WLADECKI, WILLIAM		3.2 NAME	SKINNER, Ernest E.	
STREET ADDRESS	234 VESTAVIA DR		3.3 STREET ADDRESS	214 Vestavia Drive	
CITY-ST-ZIP	VENICE FL 34292		3.4 CITY-ST-ZIP	Venice, Fl. 34292	
TITLE	T V. President	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LUDWIG, MARY LOU		4.2 NAME		
STREET ADDRESS	221 VESTAVIA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		4.4 CITY-ST-ZIP		
TITLE	T Secretary	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MOTTERSHEAD, JAMES		5.2 NAME		
STREET ADDRESS	215 VESTAVIA DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Thomas E. O'Connor 1-28-97 941-493-0287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064761