## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N96000002595 (4)

IVILLA DI LANCIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

## **FILED** Apr 21 1997 8:00am Secretary of State



201 GULF OF MEXICO DRIVE STE 1 LONGBOAT KEY FL 34228		201 GULF OF MEXICO DRIVE STE 1 LONGBOAT KEY FL 34228-4022							
•						3. Date Incorporated or Qualified 05/14/1996	3a. Date	e of Last R	`
2. Principal Pl	ace of Business	2a. Mailing Address	a. Mailing Address			4. FCI Number		<b>X</b> Ap	oplied For
21		26				Applied to	<u>/</u>	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired	X	\$8.75 A	Additional equired
City & State	•	City & State	8			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	30	intry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered A	gent	
				81	Name				ļ
FUREN, MICHAEL J 2033 MAIN ST STE 600					Street Ad	idress (P.O. Box Number is Not Acceptable)			
	TA FL 34237								
•	÷			84	City		FL	85 Zip	Code
11. Pursuant office or reagent. Let	to the provisions of Sections 617,050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, F	ites, the al authorize lorida Stat	bove d by tutes	e-named co the corpor	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of our out the appo	changing it intment as	ts registered registered
SIGNATURE _									
					nt signature req	uired when reinstelling) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTÓD	2C JN 12
12.	OFFICERS AND DIRECTORS 13 PD DELETE 1.1			71 F		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	CLABAUGH, JAMES	beech	1.2 N				•		
STREET ADDRESS	201 GULF O MEXICO STE 1				ADDRESS	•			
CITY-ST-ZIP	TAMABATE MEMELATANA				T-ZIP				
TITLE	VSD			2.1 TITLE				Change	Addition
NAME	MCCULLOUGH, PAMELA A		2.2 NAM						
STREET ADDRESS	201 GULF O MEXICO STE 1		238		ADDRESS				
CITY-ST-ZIP	A ALABA A EM LUMITA DI LA LAGA			2.4 City-St-ZiP					
TITLE	TD DELETE			3.1 TITLE			[	Change	☐ Addition
NAME	GIBSON, CHRISTINE		3.2 N	3.2 NAME					
STREET ADDRESS	201 GULF O MEXICO STE 1		3.3 S	3.3 STREET ADDRESS					
CITY-ST-ZIP					ST-ZIP		,	Charac	Addition
TITLE				4.1 TITLE 4.2 NAME			į	Change	Addition
NAME					1000000				
STREET ADDRESS					ADDRESS				
CITY+ST-ZIP TITLE	4.4 DELETE 5.1				T-ZIP			Change	Addition
NAME				5.2 NAME			•		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	<u> </u>			5.4 CITY - ST - ZIP					
TITLE :				1 TITLE				Change	Addition
NAME (			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY-ST-ZIP			6.4 C	ITY-S	IT-ZIP				

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 receive of 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, of on an attachy an unit an address.