SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State
DIVISION OF CORPORATIONS

1999

**DOCUMENT #** 

N96000002595

1. Corporation Name

VILLA DI LANCIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2171 GOLF OF MEXICO DR LONGBOAT KEY FL 34228 Mailing Address

2171 GULF OF MEXICO DR LONGBOAT KEY FL 34228

LIS



07-23-1999 90002 038 \*\*\*\*61.25



22 City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Solution	May Be Fees  ode	
22 City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Solution	Applicable dditional quired May Be Fees	
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23	May Be Fees  ode	
Zip   Country   Zip   Country   St. 00	ode	
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  2033 MAIN ST STE 600	ode	
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  Name  Street Address (P.O. Box Number is Not Acceptable)  2033 MAIN ST STE 600	217	
FUREN, MICHAEL J 2033 MAIN ST STE 600  81 Name William M. Herous Je Street Address (P.O. Box Number is Not Acceptable)	217	
FUREN, MICHAEL J  2033 MAIN ST STE 600  82 Street Address (P.O. Box Number is Not Acceptable)	217	
2033 MANNET STE 600 SSOO MARIAR OR	217	
1001	217	
SAPASOTA FL 84237		
84 City 4		
HOLMES BEACH FL 34		
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 api familiar firth and accept the obligations of, Section 617.0503, Florida Statutes.		
SIGNATURE )   WHI A ACCOUNTANT 7/1/99		
Signature, typed or priviled name or registered agent and title repplicable. (NOTE: Registered Agent signature required when revisitating)	20 IN 12	
12. OFFICERS AND DIRECTORS / 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	Addition	
The Political Po	C) Addition	
NAME REIGHART, JAMES 12 NAME THOMAS MAGUIRLE	,	
STREET ADDRESS 2185 GULF OF MEXICO DR STE 244 /245 1.3 STREET ADDRESS 2165 CAULF OF MEXICO TOTAL STE 17	,5	
CITY-ST-ZIP LUNGBUAL RET PL 34228 14.CITY-ST-ZIP LTSK 1/2 34213		
TITLE VPDS TO DELETE 2.1 TITLE VICE PTUS. The Change	Addition	
NAME LANGE, KAREN 22 NAME NAKE BENDERSON		
STREET ADDRESS 2165 GULF OF MEXICO DR STE 131 2.3 STREET ADDRESS 2165 GULF OF MEXICO DT SIE 1	44	
CITY-ST-ZIP LONGBOAT-KEY FL 34228 2.4 CITY-ST-ZIP LONGBOAT-KEY FL 34228		
TILE TO DELETE 3.1 TITLE TRUNCS VELL COLUMN	Addition	
NAME RESONOVICH, MILAN 32 NAME MILAN TESANOVICH	22	
STREET ADDRESS 2185 GULF OF MEXICO DR STE 232 3.3 STREET ADDRESS 2185 GULF OF MEXICO DL SCE 2	124	
CITY-ST-ZIP LONGBOAT KEY FL 34228 34.CITY-ST-ZIP LONGBOAT KEY FL 34228		
TITLE DELETE 4.1 TITLE SCORETARY Change	☐ Addition	
NAME 4.2 NAME GALL LOCATION ALCOHOLOGICAL DEPORT		
STREET ADDRESS  4.3 STREET ADDRESS  2165 GULL OF MEXICO DE SEE 1	11	
CITY-ST-ZIP LONGINORY CEN YL 34228		
TITLE DELETE 5.1 TITLE Change	☐ Addition	
NAME 52 NAME	,	
STREET ADDRESS 5.3 STREET ADDRESS		
CITY-ST-ZIP 5.4 CITY-ST-ZIP	_ <u>_</u>	
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		

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: SIGNATURE REQUIRED

SIGNATURE OF PRINTED HOSE OF PR

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