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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004058 (1)**

1. Corporation Name

VILLA SOCIN HOMEOWNERS, INC.



Principal Place of Business

Mailing Address

**C/O STAN WILDERMUTH
942 CARLOS DRIVE
FORT WALTON BEACH FL 32547**

**C/O STAN WILDERMUTH
942 CARLOS DRIVE
FORT WALTON BEACH FL 32547-1508**

3. Date Incorporated or Qualified
08/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **C/O STAN WILDERMUTH**

26 **C/O STAN WILDERMUTH**

Site, Apt. #, etc.

Site, Apt. #, etc.

22 **942 CARLOS DRIVE**

27 **942 CARLOS DRIVE**

City & State

City & State

23 **FORT WALTON BEACH, FL**

28 **FORT WALTON BEACH, FL**

Zip

Country

Zip

Country

24 **32547**

25 **OKALOOSA**

29 **32547**

30 **OKALOOSA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILDERMUTH, STAN
942 CARLOS DRIVE
FORT WALTON BEACH FL 32547**

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 **STAN WILDERMUTH**

(NOTE: Registered Agent signature required when reinstating)

3/21/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT - D** ☐ DELETE
NAME **STAN WILDERMUTH**
STREET ADDRESS **942 CARLOS DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

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

TITLE **VICE PRESIDENT - D** ☐ DELETE
NAME **KEVIN GILES**
STREET ADDRESS **931 ANTHONY LN.**
CITY-ST-ZIP **FT. WALTON BCH, FL 32547**

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

TITLE **TREASURER** ☐ DELETE
NAME **JUDY KERLIN - D**
STREET ADDRESS **933 VINCENT LN.**
CITY-ST-ZIP **FT. WALTON BCH, FL 32547**

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

TITLE **SECRETARY** ☐ DELETE
NAME **PATRICIA LECTKA - D**
STREET ADDRESS **936 ANTHONY LN.**
CITY-ST-ZIP **FT. WALTON BCH, FL 32547**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 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: **STAN WILDERMUTH**

3/21/97 (904) 863-0950
DAYTIME PHONE #

CR2E037 (9/96)