FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthayi

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004058 (1)

FILED Mar 26 1998 8:00am Secretary of State

1. Corporation	on Name	0000-000	(')	
VILLA	SOCIN HOMEOWNERS, II	NC.		
Principal Plac	ce of Business	Mailing Address		
% KENNETH S	C CALES ID	% KENNETH S. GAI	EC IB	
931 ANTHON	LANE	831 ANTHONY LAN		3. Date Incorporated or Qualified 08/05/1996
FT WALTON BEACH FL 32547-1595		FT WALTON BEACH FL 32547-1595 US		4. FEI Number Applied For
53		US		59-3391761 Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
Suite, Apt. #, etc.		Suite And Water		Fee Required
22 Suite, Apr	i. W, etc.	Suite, Apt. #, e	IÇ.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Sta	ite	City & State		7. Is this nonprofit corporation a homeowners association?
23		28		X Yes ☐ No
Zip	Country	Zıp	Country	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Curr	29	[30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
<u> </u>	g. Name and Address of Corr	ent riegistered Agent	81 Nar	
GALES	, KENNETH S JR.			(A)
931 ANTHONY LANE			82 Stre	et Address (P.O. Box Number is Not Acceptable)
FORT WALTON BEACH FL 32547-1595			83	
			84 City	85 Zip Code
11 Pursuant	to the provisions of Sections 617.0	502 and 617 1509. Florida	Statutes the above-nam	ed corporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the Sta	ate of Florida. Such change	was authorized by the	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE		Kenneth S.	Gales JK	Proceeding 12 TON 99
SIGNATURE	Signature, typed or printed name of regulared	agent and title if applicable	(NOTE: Registered Agent signs	
12.		AND DIRECTORS DELE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	PD WILDERMUTH, STAN	C VELE	TE 1.1 TITLE 1.2 NAME	PD
STREET ADDRESS			1.3 STREET ADDRE	GALES, KEN 931 ANTHONY LANE
CITY-ST-ZIP	FT WALTON BEACH FL		1.4 CITY - ST-ZIP	FT WALTON BEACH FL
TITLE	VPD	⊠ DELE		Change Addition
NAME	GALES, KEN		2.2 NAME	VPD KELLEY, IRENE
STREET ADDRESS			2.3 STREET ADORE	S 931 VITÁ LANE
CITY-ST-ZIP	FT WALTON BEACH FL		2. 4 CiTY-ST-ZIP	FT WALTON BEACH FL
TITLE	TD	DELE		TD Addition
NAME	KERUN, JUDY		3.2 NAME	GALES, CATHY
STREET ADDRESS	933 VINCENT LN FT WALTON BCH FL		3.3 STREET ADDRE	931 ANTHONY LANE FT WALTON BEACH FL
CITY-ST-ZIP TITLE	SD	DELE	3.4. CITY-ST-ZIP TE 4.1 TITLE	Change Addition
NAME	LECTKA, PATRICIA		4. 2 NAME	
STREET ADDRESS			43 STREET ADDRE	s
CITY - ST - ZIP	FT WALTON BEACH FL		4.4 CITY-SY-ZIP	
TITLE		DELE	TE 5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRE	s
CITY-ST-ZIP	1			
		T SELE	5.4 CITY - ST - ZIP	
TITLE		☐ DELE	TE 6.1 TITLE	Change Addition
NAME		☐ DELE	TE 6.1 TITLE 6.2 NAME	
l		☐ DELE	TE 6.1 TITLE	

4. 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.

CICALATUDE

Kenneth S. Gales

12 JAN 98 850-862-6728

2E037 (10/97)