


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000004058					
1. Corporation Name VILLA SOCIN HOMEOWNERS, INC.					
Principal Place of Business % KENNETH S. GALES, JR. 931 ANTHONY LANE FT WALTON BEACH FL 32547-1595 US			Mailing Address % KENNETH S. GALES, JR. 931 ANTHONY LANE FT WALTON BEACH FL 32547-1595 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/05/1996 4. FEI Number 59-3391761 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent GALES, KENNETH S JR. 931 ANTHONY LANE FORT WALTON BEACH FL 32547-1595				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			
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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  KENNETH S. GALES JR., PRESIDENT 01/11/99
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALES, KEN	1.2 NAME	LECTKA, PATRICIA
STREET ADDRESS	931 ANTHONY LANE	1.3 STREET ADDRESS	936 ANTHONY LN
CITY-ST-ZIP	FT WALTON BEACH FL	1.4 CITY-ST-ZIP	FT WALTON BEACH FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, IRENE	2.2 NAME	SASMAN, LAVERNE
STREET ADDRESS	931 VITA LANE	2.3 STREET ADDRESS	930 VINCENT LN
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP	FT WALTON BEACH FL
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALES, CATHY	3.2 NAME	GALES, CATHY
STREET ADDRESS	931 ANTHONY LANE	3.3 STREET ADDRESS	931 ANTHONY LN
CITY-ST-ZIP	FT WALTON BCH FL	3.4 CITY-ST-ZIP	FT WALTON BEACH FL
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECTKA, PATRICIA	4.2 NAME	
STREET ADDRESS	936 ANTHONY LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  KENNETH S. GALES JR., PRESIDENT 01/11/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)