## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$91508

SAN POLO VILLAS, INC.

(9)

## **FILED** May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- ( resulting (12 table) with a little self self self.	AMILE AMILE DIEN AND	1 31911 1961
740 LAKE ELLA RD 740 LAKE ELLA RD						, in the second of the second		
FRUITLAND PARK FL 34731		FRUITLAND PARK FL 34731			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	TIIS SPACE	
						10/31/1991		
<u> </u>	Place of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21	<del></del>	26				59 <u>-30</u> 94089	·- <del></del>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>├</u> ─┐			5. Certificate of Status Desired		Additional
City & State		City & State	City & State					equired
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip			Country					
24	25	29	30	,		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes		
	9. Name and Address of Curre					10. Name and Address of New Registered Agent		
ME	UCCI, LOUIS			<b>81</b> Na	me			1
	L <b>a</b> ke ella RD			<b>82</b> Str	et Address (P.O. Box Number is Not Acceptable)			
FR	U <b>ITLAN</b> D PARK FL 34731					ess (i .O. Box Number is Not Acceptable)	<u> </u>	
				83				
				84 City		ſ		Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 egistered agont, or both, in the Stat m familiar with, and accept the obli-	02 and 607.1508, Florida Statu ic of Florida Such change was gations of, Section 607.05 <b>0</b> 5, F	utes, the at authorized forida Stat	oove-nand by the utes.	ned corporati	oration submits this statement for the purposion's board of directors. I hereby accept the	se of changing it appointment as	s registered registered
SIGNATURE		•						
	Signature, typed or printed name of nugistered a			d Agent sign	alure require	ed when reinstating) DA		
12.	OFFICERS AF	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	MEUCCI, LOUIS		1116				☐ Change	Addition
NAME CTOSET ADODESC	740 LAKE ELLA RD		1.2 NAME					
STREET ADDRESS	FRUITLAND PARK FL			REET ADDRE	SS			
CITY-ST-ZIP TITLE	DELETE 2.1 TI		Y-ST-ZIP	+-		Change	Addition	
NAME	22 N					C Ollaride	Addition	
STREET ADORESS			2.3\$		.52			
CITY-ST-ZIP			2. 4 CITY- ST		00			İ
TITLE		☐ DELETE					Change	☐ Addition
NAME			3.2 NAME			•	<b>—</b> •	
STREET ADDRESS				REET ADDRE	ss			
CITY-ST-ZIP			3 4. CITY-ST-ZIP		- 1			
TITLE			4.1 Til				Change	Addition
NAME			4. 2 N	AME .				
STREET ADDRESS			4.3 ST	REET ADDRE	ss			
CITY-ST-ZIP			4.4 01	Y-ST-ZIP				
TITLE	<u>-</u>	DELETE	5.1 717	LE			Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 \$1	REET ADDRE	ss			
CITY-ST-ZIP			5.4 CI	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	LE			Change	☐ Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADDRE	SS			
CITY-ST-ZIP			6.4 CH	Y - 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 suppliemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.