

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712536 (2)
1. Corporation Name
VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 401 US HIGHWAY ONE NORTH PALM BEACH FL 33408-5508
Mailing Address: 401 US HIGHWAY ONE NORTH PALM BEACH FL 33408-5508

3. Date Incorporated or Qualified: 04/04/1967
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
City & State (22, 27)
Zip (23, 28)
Country (24, 29)

4. FEI Number: 59-2410389
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
JEBB, LEE
JEM MANAGEMENT CO
8895 N MILITARY TRAIL STE 202D
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
81 Name: Karen B. Marich
82 Street Address (P.O. Box Number is Not Acceptable): Custom Property Management, Inc.
83 2328 S. Congress Ave. Suite 2A
84 City: West Palm Beach FL 85 Zip Code: 33406

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: *Karen B. Marich*

(NOTE: Registered Agent signature required when re-registering)

DATE: 4-6-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	DICKERSON, ERBY 419 US HWY. 1 N PALM BEACH FL	1.1 TITLE: D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE: V	PRYOR, KENNETH 419 US HWY 1 N PALM BEACH FL	2.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: T	NEUN, ED 419 US HWY. 1 N PALM BEACH FL	3.1 TITLE: S	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE: D	LANE, BOB 415 US HWY. A N PALM BEACH FL	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: D	CORMIER, ROBERT 419 US HWY 1 (203E) N PALM BEACH FL	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: P	BORN, MARGO 705 W IBIS WAY NORTH PALM BEACH FL	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4-12-96
DAY/TIME PHONE #: (407) 844-6818

CR2E037 (12/95)