


FILE NOW: FILING FEE IS \$61.25

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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/04/1967
4. FEI Number 59-2410389
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**VOLK, DAVID H
CPM INC.
2328 SO CONGRESS AVE. STE 2A
WEST PALM BEACH FL 33408** (DELETE)

10. Name and Address of New Registered Agent
81 Name **BORN, KENDALL**
82 Street Address (P.O. Box Number is Not Acceptable)
3643 S.E. FORECASTLE COURT
83
84 City **STUART, FL** 85 Zip Code **34997**

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: *Kendall E. Born* DATE: **4/15/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKERSON, ERBY	1.2 NAME	BORN, KENDALL
STREET ADDRESS	419 US HWY. 1	1.3 STREET ADDRESS	3643 S.E. FORECASTLE COURT
CITY-ST-ZIP	N PALM BEACH FL	1.4 CITY-ST-ZIP	STUART, FL. 34997
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRYOR, KENNETH	2.2 NAME	
STREET ADDRESS	419 US HWY 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLK, DAVID H	3.2 NAME	
STREET ADDRESS	401-419 US HIGHWAY ONE	3.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, BOB	4.2 NAME	
STREET ADDRESS	415 US HWY. A	4.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	PRESIDENT & DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, RICHARD	5.2 NAME	MOORE, RICHARD
STREET ADDRESS	405 US HIGHWAY STE 204 B	5.3 STREET ADDRESS	
CITY-ST-ZIP	NO PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORN, MARGO	6.2 NAME	
STREET ADDRESS	705 W IBIS WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	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.

SIGNATURE: *Kendall E. Born* DATE: **4/15/98**

CR2E037 (10/97)