


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90178 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712536

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	3. Date Incorporated or Qualified 04/04/1967	4. FEI Number 59-2410389	Applied For 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		

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKERSON, ERBY			1.2 NAME			
STREET ADDRESS	419 US HWY. 1			1.3 STREET ADDRESS			
CITY-ST-ZIP	N PALM BEACH FL			1.4 CITY-ST-ZIP			
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	ST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORN, KENDALL			3.2 NAME			
STREET ADDRESS	3643 SE FORECASTLE CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34997			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	PD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, RICHARD			5.2 NAME			
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		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	D		
STREET ADDRESS				6.3 STREET ADDRESS	Al Wesenberg		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	409 US HWY. 1 # 110		

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: *Kendall E. Born* **KENDALL E. BORN** 4/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

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