

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 726824 (6)

1. Corporation Name

VANGUARD VILLAGE #15 HOMEOWNERS MAINTENANCE ASSOCIATION, INC.



Principal Place of Business
**6320 BROOKWOOD BLVD
TAMARAC FL 33321**

Mailing Address
**6320 BROOKWOOD BLVD
TAMARAC FL 33321**

3. Date Incorporated or Qualified **06/28/1973** 3a. Date of Last Report **04/12/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1467067		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country					
24		25					
		29					
		30					

9. Name and Address of Current Registered Agent

**GERSHBERG, BEATRICE
7019 N.W. 64TH ST
TAMARAC FL 33321**

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	

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

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	P <input checked="" type="checkbox"/> DELETE	11 TITLE	CHARLES BRYANT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTLER, HAROLD	12 NAME	7016 N.W. 63rd ST.
STREET ADDRESS	7304 NW 65 ST	13 STREET ADDRESS	TAMARAC, FL. 33321 PRES.
CITY-ST-ZIP	TAMARAC FL	14 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	21 TITLE	NORA GOULD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AULT, THELMA	22 NAME	7201 N.W. 64th ST.
STREET ADDRESS	6306 NW 72 AVE	23 STREET ADDRESS	TAMARAC, FL. 33321 V. PRES.
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KECHEVIAN, RICHARD	32 NAME	
STREET ADDRESS	6503 NW 72 AVE	33 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	34 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSHBERG, BEATRICE	42 NAME	
STREET ADDRESS	7019 N.W. 64TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, BERNARD	52 NAME	
STREET ADDRESS	6302 NW 73RD AVE	53 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	54 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	61 TITLE	MARK DETELICH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, NORA	62 NAME	7018 N.W. 63 ST.
STREET ADDRESS	7201 N.W. 64TH ST.	63 STREET ADDRESS	TAMARAC, FL. 33321 SEC.
CITY-ST-ZIP	TAMARAC FL	64 CITY-ST-ZIP	

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: *Beatrice Gershberg* - **GERSHBERG** Date: **4/12/96** Daytime Phone #: **974-7200792**

CRE037 (12/95)