

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 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 # 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
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3. Date Incorporated or Qualified
06/28/1973

4. FEI Number
59-1467067

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, CHARLES	1.2 NAME	NORA GOULD
STREET ADDRESS	7016 NW 63RD STREET	1.3 STREET ADDRESS	7201 N.W. 64TH ST.
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, NORA	2.2 NAME	MARK DETELICH
STREET ADDRESS	7201 NW 64TH STREET	2.3 STREET ADDRESS	7087 N.W. 63 ST.
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KECHEVIAN, RICHARD	3.2 NAME	HORACE NARDONE
STREET ADDRESS	6503 NW 72 AVE	3.3 STREET ADDRESS	7209 N.W. 67 ST.
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSHBERG, BEATRICE	4.2 NAME	
STREET ADDRESS	7019 N.W. 64TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, BERNARD	5.2 NAME	
STREET ADDRESS	6302 NW 73RD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETELICH, MARK	6.2 NAME	DOROTHY EMMERT
STREET ADDRESS	7087 NW 63 STREET	6.3 STREET ADDRESS	6309 N.W. 71 Ave.
CITY-ST-ZIP	TAMARAC FL	6.4 CITY-ST-ZIP	TAMARAC, FL 33321

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: Beatrice Gershberg **BEATRICE GERSHBERG** 2/28/98 954-720-0792

CR2E037 (10/97)