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**Mar 14, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 726824

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/28/1973

4. FEI Number  
 59-1467067

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

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GOULD, MORA	
STREET ADDRESS	7201 N.W. 64TH ST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DETELICH, MARK	
STREET ADDRESS	7087 N.W. 63 ST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NARDONE, HORACE	
STREET ADDRESS	7203 N.W. 67 ST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GERSHBERG, BEATRICE	
STREET ADDRESS	7019 N.W. 64TH ST.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, BERNARD	
STREET ADDRESS	6302 NW 73RD AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EMMERT, DOROTHY	
STREET ADDRESS	6309 N.W. 71ST AVE	
CITY-ST-ZIP	TAMARAC FL 33321	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P. AYLOG, MARY LOU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	6704 N.W. 71 <sup>st</sup> AVE.	
1.3 STREET ADDRESS	TAMARAC, FL 33321	
1.4 CITY-ST-ZIP		
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EMMERT, DOROTHY	
2.3 STREET ADDRESS	6309 N.W. 71 <sup>st</sup> AVE	
2.4 CITY-ST-ZIP	TAMARAC, FL 33321	
3.1 TITLE	S. ROSENBERG, EVA.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	7303 N.W. 64 <sup>th</sup> Ct.	
3.3 STREET ADDRESS	TAMARAC, FL 33321	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	BURDMAN, MORTON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	6304 N.W. 73 <sup>rd</sup> AVE.	
6.3 STREET ADDRESS	TAMARAC, FL 33321	
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, with all other like empowered.

SIGNATURE: *Beatrice Gershberg* BEATRICE GERSHBERG 3/10/99 954-720-079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)