


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
May 13, 2005 8:00 am
Secretary of State

04-18-2005 90284 040 ****61.25

DOCUMENT # 726824			
1. Entity Name VANGUARD VILLAGE #15 HOMEOWNERS MAINTENANCE ASSOCIATION, INC.			
Principal Place of Business 6320-BROOKWOOD BLVD CORAL SPRINGS, FL 33065		Mailing Address 11784 WEST SAMPLE RD TAMARAC, FL 33321	
2. Principal Place of Business 11784 W. Sample Rd. Suite, Apt. #, etc.		3. Mailing Address 11784 W. Sample Rd. Suite, Apt. #, etc.	
City & State Coral Springs, Fl.		City & State Coral Springs, Fl.	
Zip 33065		Zip 33065	
Country US		Country US	
4. FEI Number 59-1467067		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRALEY AND OTTO, PA- 3990 SHERIDAN ST STE 109 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name: United Community Mgmt. Street Address (P.O. Box Number is Not Acceptable): 11784 West Sample Rd. Coral Springs FL Zip Code 33065	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Alan Cortazzo, VP Finance United Comm Mgmt 5/10/05</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAGY, MIKE 7111 NW 88 ST TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cortazzo, Alan 6301 Brookwood Blvd. Tamarac, Fl 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORTAZZO, ALAN 6301 BROOKWOOD BLVD TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Harris, Sandra 7005 NW 64st. Tamarac, Fl. 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALOG, MARY LOU 8704 NW 71 AVE TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Wilfert, Ellen 7010 NW 63st. Tamarac, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROWE, DAVID G 7004 NW 63 CT TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Vazquez, Evelyn 7301 NW 64st. Tamarac, Fl. 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, BERNARD 6302 NW 73RD AVE TAMARAC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEREZ, GEORGE 7301 NW 68 ST TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Alan Cortazzo</u>		Date: <u>3-5-05</u> Daytime Phone #: <u>954 224 2225</u>	