
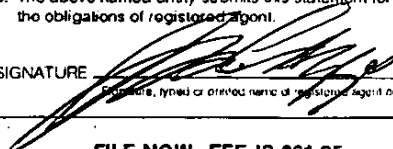


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

04-19-2007 90210 048 ****61.25

DOCUMENT # 726824			
1. Entity Name VANGUARD VILLAGE #15 HOMEOWNERS MAINTENANCE ASSOCIATION, INC.			
Principal Place of Business 11784 W SAMPLE RD POMPANO BEACH FL 33065 US		Mailing Address 11784 W SAMPLE RD POMPANO BEACH FL 33065 US	
2. Principal Place of Business - No P.O. Box # 10191 W. Sample Rd		3. Mailing Address 10191 W. Sample Rd	
Suite, Apt. #, etc. #203		Suite, Apt. #, etc. #203	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33065		Zip 33065	
Country Broward		Country Broward	
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 UNITED COMMUNITY MGMT 11784 W SAMPLE RD POMPANO BEACH FL 33065		7. Name and Address of New Registered Agent Name: J+L Property Mgmt Street Address (P.O. Box Number is Not Acceptable): 10191 W. Sample Rd #203 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: 		Date: 5/2/07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	D CARTAZZO, ALAN 6301 BRROKWOOD BLVD TAMARAC FL 33321 <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	PD HARRIS, SANDRA 7005 NW 64ST TAMARAC FL 33321 <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	TD WILFERT, ELLEN 7010 NE 63RD ST TAMARAC FL 33321 <input checked="" 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	SD NIEMEYER, ANGELA 6309 NW 73 AVE FORT LAUDERDALE FL 33321 <input checked="" 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 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	VPD 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 exemptions contained in Section 119, 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: Sandra C. Harris		Date: 4/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	