

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90172 032 ****61.25

DOCUMENT # 726824

1. Entity Name
**VANGUARD VILLAGE #15 HOMEOWNERS MAINTENANCE ASSO
CIATION, INC.**

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

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-1467067** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**GERSHBERG, BEATRICE
7019 N.W. 64TH ST
TAMARAC FL 33321**

7. Name and Address of New Registered Agent
Name **STRALEY + DITTO, PA**
Street Address (P.O. Box Number is Not Acceptable)
3990 SAERIDAY ST. STE 109
City **HOLLYWOOD** FL Zip Code **33021**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 BRYANT, CHARLES 7016 NW 63 STREET 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	VD EMMERT, DOROTHY 6309 NW 71ST AVE 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	SD ROSENBERG, EVA 7303 NW 64TH CT TAMARAC FL 33321 <input checked="" type="checkbox"/> Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GERSHBERG, BEATRICE 7019 N.W. 64TH ST. TAMARAC FL <input checked="" type="checkbox"/> Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	<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	<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: *[Signature]* **RE REQUIRED** **Rowe**
FAX NO - (954) 770-8566
4-7-03 (954) 721-4421

CR2E037 (10/02)