

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 11:53

DOCUMENT # 732603 (6)

1. Corporation Name
VIA VERDE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business MR. ERNEST W. WILLIS/C/O BEACON PROP MGM 1 N. OCEAN BLVD., STE 7 BOCA RATON FL 33432	Mailing Address MR. ERNEST W. WILLIS/C/O BEACON PROP MGM 1 N. OCEAN BLVD., STE 7 BOCA RATON FL 33432
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/29/1975	3a. Date of Last Report 03/18/1994
4. FEI Number 59-1803800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent MR. ERNEST W. WILLIS C/O BEACON PROPERTY MANAGEMENT, INC. 1 N. OCEAN BLVD., STE 7 BOCA RATON 33432		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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD GOETZ, RICK	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5190 MAJORCA CLUB DR.	1.2 NAME	
STREET ADDRESS	BOCA RATON FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	TD LOWERY, ANTONETTE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6812 GERALDA CIR	2.2 NAME	
STREET ADDRESS	BOCA RATON FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	DS CAMPBELL, BILL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6130 CALIENTE LANE	3.2 NAME	P. Dani Olsen Gallagher
STREET ADDRESS	BOCA RATON FL	3.3 STREET ADDRESS	2081 Del luma Drive
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Boca Raton, FL. 33433
TITLE	PD D'AMATO, ARTHUR	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5200 MAJORCA CLUB DRIVE	4.2 NAME	D.
STREET ADDRESS	BOCA RATON FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	S. Mary Etling
STREET ADDRESS		5.3 STREET ADDRESS	5801-B Coach house Circle
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Boca Raton, FL. 33486
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 liquidator empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dani Gallagher, President 4/15/95 407-950-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR