

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 732720 (8)
1. Corporation Name
THE VILLAGE TOWNHOUSES-JACARANDA, INC.



Principal Place of Business Mailing Address
% 1500 W. CYPRESS CREEK ROAD, SUITE 207 FT. LAUDERDALE FL 33309 US

3. Date Incorporated or Qualified **05/09/1975** 3a. Date of Last Report **04/03/1995**

21. Principal Place of Business GOLD COAST PROPERTY Suite, Apt. #, etc. #300 City & State Sunrise Fl. 33351	22. Mailing Address 10001 W. Oakland Pk. Suite, Apt. #, etc. #300 City & State Sunrise, Fl. 33351	23. FEI Number 59-1724350	Applied For Not Applicable
24. Zip 33351	25. Country U.S.A.	26. Zip 33351	27. Country U.S.A.
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ROGER, KAYE P 1500 W CYPRESS CREEK RD SUITE 207 FT LAUDERDALE FL 33309		10. Name and Address of New Registered Agent 81 Name Gold Coast Property Management 82 Street Address (P.O. Box Number is Not Acceptable) 10001 West Oakland Park Blvd. 83 Suite #300 84 City Sunrise, FL 85 Zip Code 33351	
--	--	---	--

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]* DATE **2/5/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE BERGELL, AARON 417 N UNIVERSITY DRIVE PLANTATION FL	1.1 TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME Charles Burns	
STREET ADDRESS		1.3 STREET ADDRESS 403 N. University Drive	
CITY - ST - ZIP		1.4 CITY - ST - ZIP Plantation, Fl. 33324	
TITLE VP	<input checked="" type="checkbox"/> DELETE KOUGOT, DOUG 479 N UNIVERSITY DRIVE PLANTATION FL	2.1 TITLE Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME Ira Lewis	
STREET ADDRESS		2.3 STREET ADDRESS 435 N. Univeristy Drive	
CITY - ST - ZIP		2.4 CITY - ST - ZIP Plantation, Fl. 33324	
TITLE ST	<input checked="" type="checkbox"/> DELETE SEIDEL, FATIMA 413 N UNIVERSITY DRIVE PLANTATION FL	3.1 TITLE Treasurer /Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME William Greene	
STREET ADDRESS		3.3 STREET ADDRESS 1298 S.W. 30th Ave.	
CITY - ST - ZIP		3.4 CITY - ST - ZIP Ft. Lauderdale 33312	
TITLE D	<input checked="" type="checkbox"/> DELETE NORDSTROM, VIOLA 537 N UNIVERSITY DRIVE PLANTATION FL	4.1 TITLE Secretary/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME Craig Forrester	
STREET ADDRESS		4.3 STREET ADDRESS 457 N. University Dr.	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE QUINN, TRACY 629 N UNIVERSITY DRIVE PLANTATION FL	5.1 TITLE James Berger	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME 495 N. University Dr.	
STREET ADDRESS		5.3 STREET ADDRESS Plantation, Fl. 33324	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE CHUECA, THERESA 535 N UNIVERSITY DRIVE PLANTATION FL	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 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.

SIGNATURE: *[Signature]* DATE: **2/5/96** DAYTIME PHONE #: **305-97771100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)