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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
% DIVERSIFIED-MANAGEMENT SERVICES 8457 W. OAKLAND PARK BLVD. SUNRISE FL 33351 US

3. Date Incorporated or Qualified 05/09/1975
3a. Date of Last Report 03/20/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

4. FEI Number 59-1724350 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KAYE & ROGER, P.A.
6261 NW 6TH WAY
SUITE 103
FT. LAUDERDALE FL 33309

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNS, CHARLES 403 N UNIVERSITY DR PLANTATION FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, IRA 435 N UNIVERSITY DR PLANTATION FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENE, WILLIAM 1298 SW 30THA VE FT LADUERDAEL FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORRESTER, CRAIG 457 N UNIVERSITY DR PLANTATION FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, JAMES 495 N UNIVERSITY DR PLANTATION FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUECA, THERESA 535 N UNIVERSITY DRIVE PLANTATION FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TREASURER/DIRECTOR FRAZER, DIANE 415 N. UNIVERSITY DR PLANTATION, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PRESIDENT/DIRECTOR LEWIS, IRA 435 N. UNIVERSITY DR PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR LEFFEY, WILLIAM 451 N. UNIVERSITY DRIVE PLANTATION, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DIRECTOR AJMO, DANIEL 485 N. UNIVERSITY DR PLANTATION, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DIRECTOR BRADEN, LYNN 609 N. UNIVERSITY DR PLANTATION, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DIRECTOR LOVERIN, DONNA 587 N. UNIVERSITY DR PLANTATION, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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 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 its receiver or trustee or 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: _____ DATE: 2/25/97 DAYTIME PHONE # (954) 572-1880

CR2E037 (9/96)