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Mar 03 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 # 741058 (2)

1. Corporation Name

VILLA BOUF CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

107 CLAREMONT LN.
PALM BEACH SHORES FL 33404

Mailing Address

107 CLAREMONT LN.
PALM BEACH SHORES FL 33404-6207



3. Date Incorporated or Qualified
12/14/1977

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

21 Same as above

Suite, Apt. #, etc.

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

28 City & State

29 Zip

Country

30

4. FEI Number
59-1887302

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

10. Name and Address of New Registered Agent

DIMITROFF, PAT
107 CLAREMONT LANE
PALM BEACH SHORES FL 33404

81 Name

Pat Dimitroff

82 Street Address (P.O. Box Number is Not Acceptable)

107 Claremont Lane # 3

83

Palm Beach Shores, Fla

84 City

FL

85 Zip Code

33404

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

Patricia Dimitroff

2-5-97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TDS
NAME STEVENS, MARY
STREET ADDRESS 107 CLAREMONT LANE #4
CITY-ST-ZIP PALM BCH SHORES, FL00000

DELETE

TITLE SD
NAME DIMITROFF, PAT
STREET ADDRESS 8505 SCHRIEBER DR., SUITE 3
CITY-ST-ZIP MUNSTER IN

DELETE

TITLE PD
NAME VASIL, TCHOKRES
STREET ADDRESS 107 CLAREMONT LANE #2
CITY-ST-ZIP PALM BCH SHORES FL

DELETE

TITLE VD
NAME VASILOVSKY, ALEX
STREET ADDRESS 107 CLAREMONT LANE #1
CITY-ST-ZIP PALM BCH SHORES FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Steven, Mary
1.3 STREET ADDRESS 107 Claremont Lane #4
1.4 CITY-ST-ZIP Palm Beach Shores, FL 33404

Change Addition

2.1 TITLE TDS
2.2 NAME Dimitroff, Pat
2.3 STREET ADDRESS 8505 Schriber Dr.
2.4 CITY-ST-ZIP Munster, In. 46321

Change Addition

3.1 TITLE VPD
3.2 NAME Tchokres, Vasil
3.3 STREET ADDRESS 107 Claremont Lane #2
3.4 CITY-ST-ZIP Palm Beach Shores, Fl. 33404

Change Addition

4.1 TITLE PD
4.2 NAME Vasilovsky, Alex
4.3 STREET ADDRESS 107 Claremont Lane #1
4.4 CITY-ST-ZIP Palm Beach Shores, Fl. 33404

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change 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 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:

Patricia Dimitroff

2-5-97

61-842-2083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0089982

CR2E037 (9/96)