

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742300 (7)
1. Corporation Name
THE VILLAS-CENTRAL ASSOCIATION, INC.



Principal Place of Business 1603 GOLFVIEW DR W PEMBROKE PINES FL 33026	Mailing Address 1603 GOLFVIEW DR W PEMBROKE PINES FL 33026-3126
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/06/1978	3a. Date of Last Report 03/04/1996	4. FEI Number 59-1861064 Applied For 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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent OLIVER, KEN 1571 GOLFVIEW DR. EAST PEMBROKE PINES FL 33026	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	KOTLER, EDWARD 1381 GOLFVIEW DR W PEMBROKE PINES FL	1.1 TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> DELETE	GUILFOYLE, DORA 1481 E GOLFVIEW DR. E PEMBROKE PINES FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P <input type="checkbox"/> DELETE	OLIVER, KEN 1571 GOLFVIEW DR., E. PEMBROKE PINES FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input checked="" type="checkbox"/> DELETE	BARTELL, ANNE 1690 GOLFVIEW DR., W. PEMBROKE PINES FL	4.1 TITLE D ROBERT MORCATE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	10750 GOLFVIEW DR. So. PEMBROKE PINE, FL 33026
TITLE D <input type="checkbox"/> DELETE	DEBILIO, SHIRLEY 1351 GOLFVIEW DR., E. PEMBROKE PINES FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input 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 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: *Edward Kotler* (EDWARD KOTLER) 1-7-97 (954) 436-9917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023965

CR2E037 (9/96)