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Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 742300 (7)

1. Corporation Name  
THE VILLAS-CENTRAL ASSOCIATION, INC.



Principal Place of Business 1603 GOLFVIEW DR W PEMBRUKE PINES FL 33026  
Mailing Address 1603 GOLFVIEW DR W PEMBRUKE PINES FL 33026

3. Date Incorporated or Qualified

04/06/1978

4. FEI Number

59-1861064

Applied For  
Not Applicable

2. Principal Place of Business 21  
2a. Mailing Address 26

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

City & State 23 City & State 28

7. Is this nonprofit corporation a homeowners association?  Yes  No

Zip 24 Country 25 Zip 29 Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 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

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 V  DELETE  
NAME KOTLER, EDWARD  
STREET ADDRESS 1381 GOLFVIEW DR W  
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME GUILFOYLE, DORA  
STREET ADDRESS 1481 E GOLFVIEW DR. E  
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE Director  Change  Addition  
2.2 NAME GRETA JURADO  
2.3 STREET ADDRESS 1571 GOLFVIEW DR. W.  
2.4 CITY-ST-ZIP PEMBROKE PINES FL.

TITLE P  DELETE  
NAME OLIVER, KEN  
STREET ADDRESS 1571 GOLFVIEW DR., E.  
CITY-ST-ZIP PEMBROKE PINES FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME MORCATE, ROBERT  
STREET ADDRESS 10750 GOLFVIEW DRIVE SOUTH  
CITY-ST-ZIP PEMBROKE PINES FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME DEBILIO, SHIRLEY  
STREET ADDRESS 1351 GOLFVIEW DR., E.  
CITY-ST-ZIP PEMBROKE PINES FL

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I 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:

*Ken Oliver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-98

954-436-9917

Date

Daytime Phone #

CR2E037 (10/97)