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NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 742300

THE VILLAS-CENTRAL ASSOCIATION, INC.

Principal Place of Business 1603 COLEVIEW DR W

Mailing Address

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90057 012 ****61.25

2. Principal Place of Business	1603 GOLFVIEW DR W PEMBRUKE PINES FL 33026 1603 GOLFVIEW DR W PEMBRUKE PINES FL 33026									
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Address	 -				•.		
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City & State 21	Suite, Apt.	#, etc.	<u> </u>					<u> </u>	<u> </u>	
Semble S		4					39-1001004			
Zip Country Zip Country Zip System Country Signature, Typed or printed name of registered agent agent and accept the obligations of, Section 617,0502 and 617,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In Time Signature, Typed or printed name of registered agent and the file obligations of, Section 617,0503. Florida Statutes. SIGNATURE Signature, Typed or printed name of registered agent and the file obligations of, Section 617,0503. Florida Statutes. SIGNATURE Signature, Typed or printed name of registered agent and the file obligations of, Section 617,0503. Florida Statutes. SIGNATURE Signature, Typed or printed name of registered agent and the file obligations of, Section 617,0503. Florida Statutes. SIGNATURE Signature, Typed or printed name of registered agent and the file obligations of, Section 617,0503. Florida Statutes. SIGNATURE Signature, Typed or printed name of registered agent and the file obligations of, Section 617,0503. Florida Statutes. SIGNATURE Signature, Typed or printed name of registered agent and the file obligations of, Section 617,0503. Florida Statutes. NOTE: Registered Agent signature required when restriction. NOTE: Registered Agent signature required when restriction. NOTE: Registered Agent signature required when restriction. NOTE: Type	City & State	BROKE PINES_		e f		دخ	5. Certifcate of Status Desired	T		
9. Name and Address of Current Registered Agent OLIVER, KEN 1571 GOLFVIEW DR. EAST PEMBROKE PINES FL 33026 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-need corporation submits this statement for the purpose of changing its 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, 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 dignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE V CITY. ST. ZIP PEMBROKE PINES FL 1.4 GITY. ST. ZIP DELETE 1.1 TITLE D, Change Additic Additic STREET ADDRESS 1331 GOLFVIEW DR W 2.2 STREET ADDRESS 14 GITY. ST. ZIP DELETE 3.1 TITLE D, Change Additic STREET ADDRESS 1571 GOLFVIEW DR W 2.2 STREET ADDRESS 1571 GOLFVIEW DR W 3.2 STREET ADDRESS 1571 GOLFVIEW DR W 3.3 STREET ADDRESS 1571 GOLFVIEW DR W 3.4 CITY ST. ZIP		Country	Zip	Cou	ntry					
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### PEMBROKE PINES PL 33026 ### City										
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registared agent and title if applicable. NOTE: Registered Agent algneture required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME KOTLER, EDWARD 12. NAME STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 14. CITY-ST-ZIP TITLE D, DELETE 21. TITLE 22. NAME 33. STREET ADDRESS 14. CITY-ST-ZIP TITLE DLUFER, KEN 32. NAME STREET ADDRESS STRE	PEMBROK	Œ PINES FL 33026			83					
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STREET ADDRESS 1351 GOLFVIEW DR., E. 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP	STREET ADDRESS									

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 are on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE .

NAME .

STREET ADDRESS

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DELETE

☐ Addition

☐ Change