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Mar 13 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 # 745742 (7)
1. Corporation Name
VILLAGE CONDOMINIUM ASSOCIATION AT PALM BEACH, I NC.



Principal Place of Business Mailing Address
1500 GOLDEN LAKES BLVD. WEST PALM BEACH FL 33411
1500 GOLDEN LAKES BLVD. WEST PALM BEACH FL 33411-2202

3. Date Incorporated or Qualified 01/29/1979
3a. Date of Last Report 04/17/1996
4. FEI Number 59-1930223 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
MOLLENGARDEN, PETER C
BECKER & POLIAKOFF, P.A.
450 S. AUSTRALIAN AVENUE, 7TH FLOOR
WEST PALM BEACH FL 33401

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
TITLE [] DELETE
NAME BLACK, AARON
STREET ADDRESS 252 LAKE MERYL DRIVE
CITY-ST-ZIP WEST PALM BEACH FL
TITLE [] DELETE
NAME GROPEN, BEN
STREET ADDRESS 303 GOLDEN RIVER DR
CITY-ST-ZIP W PALM BEACH FL
TITLE [X] DELETE
NAME KEMP, MORRIS
STREET ADDRESS 120 LAKE CONSTANCE DRIVE
CITY-ST-ZIP W PALM BEACH FL
TITLE [] DELETE
NAME IRVING FRANK KATZ
STREET ADDRESS 119 LAKE SUSAN DRIVE
CITY-ST-ZIP W PALM BEACH FL
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [X] Change [] Addition
3.2 NAME KLEANOR MEDOFF
3.3 STREET ADDRESS 148 LAKE GLORIA DRIVE
3.4 CITY-ST-ZIP WEST PALM BEACH, FL
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: AARON UBEL REQUIRED Aaron Black 2/14/97 3-13-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040963

CR2E037 (9/96)