FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

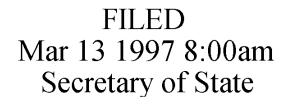
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 745742

VILLAGE CONDOMINIUM ASSOCIATION AT PALM BEACH, I

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

1500 GOLDEN LAKES BLVD. WEST PALM BEACH FL 33411-2202





3. Date Incorporated or Qualified | 3a. Date of Last Report

						01/29/1979	04	/17/199	16		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number 59-1930223		Ap	plied For		
21	26				08-1800220		Not Applicable				
Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 A			
27 27							····	Fee Re			
23 28 28						6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to			
Zip	Country	Zip Co				8. This corporation has liability for	intangible ta:				
24	25	29 30			Florida Statutes Yes No						
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent							
					81 Name						
MOLLENGARDEN, PETER C					82 Street Address (P.O. Box Number is Not Acceptable)						
BECKER & POLIAKOFF, P.A.											
450 S. AUSTRALIAN AVENUE, 7TH FLOOR					83						
WEST PALM BEACH FL 33401					84 City 85 Zip Code						
				FL V							
11. Pursuant 1	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the al	bove	-named corp	oration submits this statement for the p	surpose of ch	anging Ite	registered		
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 arm 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: Registere					nt signature require	ed when reinstating)	DATE				
12.				13.		ADDITIONS/CHANGES TO OFFIC					
TITLE	PD AADON	T DETEIE	1.1 TI				الله الله	Change	Addition		
NAME	55.0.4.0.4.0			1.2 NAME					}		
STREET ADDRESS				1.3 STREET ADDRESS					Į,		
DITY-ST-ZIP	WEST PALM BEACH FL			1.4 City-St-ZiP							
TITLE			2.1 TI				i	Change	Addition		
NAME	witter air ij = air i			AME							
STREET ADDRESS	303 GOLDEN RIVER DR			TREET	ADDRESS				ļ		
CITY - ST - ZIP	W PALM BEACH FL			2. 4 CITY-ST-ZIP							
TITLE	TD DELETE		3.1 TI			D	Ų	Change	Addition		
NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					LEANOR MEDOFF					
STREET ADDRESS	120 LAKE CONSTANCE DRIVE W PALM BEACH FL			3.3 STREET ADDRESS		148 LAKE GLORIA DRIVE					
CITY-ST-ZIP				TY-S	I-ZIP	WEST PALM BEACH, FL					
TITLE	S	☐ DELETE	4.1 11				L.	Change	Addition		
NAME	IRVING FRANK KATZ			IAME					}		
STREET ADDRESS	119 LAKE SUSAN DRIVE			4.3 STREET ADDRESS					İ		
CITY-ST-ZIP	W PALM BEACH FL			ITY - ST	-ZIP						
TITLE		☐ DELETE	5.1 11	TLE		•	L	Change	Addition		
NAME			5.2 N	AME		•••					
STREET ADDRESS	į į			5.3 STREET ADDRESS					ĺ		
CITY+ST-ZIP			5.4 CI	ITY-ST	- ZIP						
THTLE	6.2 6.3 5.4			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		40000211	312	Change	Addition		
NAME						400002113124 Addition -03/13/9701103021 ***61.25			ļ		
STREET ADDRESS											
CITY-ST-ZIP				ITY-ST	- ZIP						
14. I do heret	by certify that the information supplied	with this filing does not qual	ify for the	exer	nption stated	in Section 119.07(3)(i), Florida Statute my signature shall have the same legs	s. I further or	ertify that	he that		
l am an bi	fficer or director of the corporation or	the receiver or trustee embor	vered to e	EXOCI	te this report	t as required by Chapter 617, Florida S	statutes; and	that my n	ATT OF 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 cert 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.											