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**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

1. Corporation	MENT # 747497  PRO VILLAGE CONDOMINIUM						
Principal Place of Business Mailing Address				<del> </del>			
6401 N UNIVERSITY DR APARTMENT 122		6401 N UNIVERSITY DR			] 	BIBNI BIBNI S	DIGIH 1881.
				4			
TAMARAC FL	33321-4006	TAMARAC FL 33321-4006		I HOUSE HER BLUCK HOUSE HER HEN	I <u>e ient diret aloit beati</u>	BIBN BIBN B	DIBLIK ILLEK -
US	•	US					
				Date Incorporated or Qualifed			
	Place of Business	2a. Mailing Address		06/04/1979			
21		Suite, Apt. #, etc.		4. FEI Number		Applie	ed For
Suite, Apt	. #, etc.	→ ·····		59-2109627		<del></del>	Applicable
City & Sta	to	City & State			_ \$8	3.75 Add	
23	ine ,	28		5. Certificate of Status Desired	11 '	Fee Requ	
Zip Zip	Country	Zip	Country	6. Election Campaign Financing	\$	5.00 M	av Be
24	25		30	Trust Fund Contribution		Added to I	
	9. Name and Address of Curren			10. Name and Address of New	Registered Agen	t	
			81 Name		•		
MACINI A	ANTI IE	,	82 Street Add	ress (P.O. Box Number is Not Accept	able)		
MAGIN, WILLIE 6401 N. UNIVERSITY DR			J. J		· ·		
SUITE 122		83					
	2 C FL 33321		84 City		85	Zip Cod	de
				<u></u>	ورورا والمالية المورودي	Territoria.	
Pursuam	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the above-named corp	poration submits this statement for the	of the appointmen	ging its re it as regis	gistered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 617.0503, Flori	thorized by the corporation of the statutes.  Registered Agent signature requires	on s board of directors. Thereby acce	DATE	it as tegis  }}	\$12(4 (\$4)
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga : : Signature, typed or printed name of registered age	of Florida. Such change was au titions of, Section 617.0503, Flori nt and title if applicable. (NOTE:	thorized by the corporation da Statutes.	ed when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIS	RECTORS	S IN 12
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS