

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **748044** (5)
1. Corporation Name
VILLAS OF PLANTATION HOMEOWNERS ASSOCIATION, INC



Principal Place of Business: P O BOX 16992 PLANTATION FL 33318
Mailing Address: P O BOX 16992 PLANTATION FL 33318

3. Date Incorporated or Qualified: **07/11/1979**
3a. Date of Last Report: **05/24/1995**
4. FEI Number: **59-2199134**
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 (21-24) and Mailing Address (25-28) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
HOLLANDER, RHONDA ESO
1861 N FEDERAL HWY 191
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, State (FL), and 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROSE, LINDA	
STREET ADDRESS	1114 NW 79TH DR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TURNER, CYNTHIA	
STREET ADDRESS	1158 NW 79TH DR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LENSEN, GARY	
STREET ADDRESS	7889 NW 11TH PL	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEINTRAUB, JAY	
STREET ADDRESS	1158 N UNIVERSITY DR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOLOWAY, BEN	
STREET ADDRESS	7856 NW 11TH PL	
CITY-ST-ZIP	PLANTATION FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GREGG, DON	
STREET ADDRESS	1174 N. UNIVERSITY DR.	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Jorge Menrath	
13 STREET ADDRESS	1176 N. University Dr.	
14 CITY-ST-ZIP	Plantation, FL 33322	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	900001848539	
34 CITY-ST-ZIP	-06/03/96--01063--003 ***61.25	
41 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Nancy Saltzman	
43 STREET ADDRESS	7873 NW 12th Street	
44 CITY-ST-ZIP	Plantation, FL 33322	
51 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Stephen Dobronic	
53 STREET ADDRESS	1173 NW 78th Way	
54 CITY-ST-ZIP	Plantation, FL 33322	
61 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	James Reksan	
63 STREET ADDRESS	7853 N.W. 11th Place	
64 CITY-ST-ZIP	Plantation, FL 33322	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Cynthia M. Turner* 5/4/96 984-985-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)