

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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**
4. FEI Number: **59-2199134**
Applied For: Not Applicable:

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

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**HOLLANDER, RHONDA ESO
1881 N FEDERAL HWY 191
HOLLYWOOD FL 33020**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENRATH, JORGE	
STREET ADDRESS	1176 N. UNIVERSITY DR.	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TURNER, CYNTHIA	
STREET ADDRESS	1158 NW 79TH DR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SALTZMAN, NANCY	
STREET ADDRESS	7873 NW 12TH STREET	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DOBROVIC, STEPHEN	
STREET ADDRESS	1172 NW 78TH WAY	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	GREGG, DON	
STREET ADDRESS	1174 N. UNIVERSITY DR.	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barbara Mandell	
1.3 STREET ADDRESS	7877 NW 11th Street	
1.4 CITY-ST-ZIP	Plantation, Florida 33322	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tina Millard	
2.3 STREET ADDRESS	7868 NW 11th Place	
2.4 CITY-ST-ZIP	Plantation, Florida 33322	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Martene Rudolph	
3.3 STREET ADDRESS	1102 NW 79 Drive	
3.4 CITY-ST-ZIP	Plantation, Florida 33322	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, or on an attachment with an address.

SIGNATURE: *Cynthia M. Turner* **3/29/98** **954-985-3102**

CR2E037 (10/97)