


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90161 034 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748044**

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/11/1979	4. FEI Number 59-2199134 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent <b>HOLLANDER, RHONDA ESQ 1861 N FEDERAL HWY 191 HOLLYWOOD FL 33020</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENRATH, JORGE	12 NAME	
STREET ADDRESS	1176 N. UNIVERSITY DR.	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	14 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, CYNTHIA	22 NAME	
STREET ADDRESS	1158 NW 79TH DR	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDELL, BARBARA	32 NAME	
STREET ADDRESS	7877 NW 11TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLARD, TINA	42 NAME	
STREET ADDRESS	7868 NW 11TH PLACE	43 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	44 CITY-ST-ZIP	
TITLE	T/O <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGER, DON	52 NAME	
STREET ADDRESS	1174 N. UNIVERSITY DR.	53 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDOLPH, MARLENE	62 NAME	
STREET ADDRESS	1102 NW 79 DR	63 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	64 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, with all other like empowered.

SIGNATURE: *Cynthia M Turner* Secretary *3/14/99* Date *985-3108* Daytime Phone #

CR2E037 (11/98)