

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **760475** (4)
1. Corporation Name
VERSAILLES GARDENS CONDOMINIUM ASSOCIATION, INC.



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|--|--|---|--|--|--|
| Principal Place of Business 8001 COLONY CIRCLE N TAMARAC FL 33321 US | | Mailing Address 8001 COLONY CIRCLE N TAMARAC FL 33321 US | | 3. Date Incorporated or Qualified 10/16/1981 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | | 4. FEI Number 59-2778366 Applied For <input type="checkbox"/> 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 | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 9. Name and Address of Current Registered Agent FRED CHAKTOURA, PRESIDENT 8001 COLONY CIRCLE NORTH TAMARAC FL 33068 | | | |
| 81 Name | | 10. Name and Address of New Registered Agent | | | |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAKTOURA, FRED | 1.2 NAME | |
| STREET ADDRESS | 7911 COLONY CIRCLE N | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMARAC FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARRONE, CARMINE | 2.2 NAME | |
| STREET ADDRESS | 8040 COLONY CIRCLE N | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMARAC FL | 2.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIGOURI, ROBERT | 3.2 NAME | LIGOURI ROBERT |
| STREET ADDRESS | 8001 COLONY CIR N | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMARAC FL | 3.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUBNER, ANNETTE | 4.2 NAME | |
| STREET ADDRESS | 755 MANDARIAN DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 4.4 CITY-ST-ZIP | |
| TITLE | DVP <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RUBIN, STEVE | 5.2 NAME | DVP PEARL SPIGEL |
| STREET ADDRESS | 1851 RIVERWOOD LN | 5.3 STREET ADDRESS | 1228 WEST AVE. # 802 |
| CITY-ST-ZIP | CORAL SPRINGS FL | 5.4 CITY-ST-ZIP | MIAMI BEACH FL 33139 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 in an attachment with an address.

SIGNATURE:  REQUIRED FRED CHAKTOURA 2/24/98 954 722-5688

CR2E037 (10/97)