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May 13, 1999 8:00 am
Secretary of State

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



CORPORATION
ANNUAL REPORT
1999

DOCUMENT # **760475**
 1. Corporation Name

VERSAILLES GARDENS CONDO ASSCO.

Principal Place of Business Mailing Address
8001 COLONY CIRCLE NORTH
TAMARAC, FL 33321

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	2950 N. 28TH TERR
23	City & State	27	Suite, Apt. #, etc.
24	Zip	28	City & State
25	Country	29	HOLLYWOOD, FL
		30	BROWARD

3.	Date Incorporated or Qualified	11/1/95
4.	FEI Number	592778366
	Applied For	Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/>
	\$8.75 Additional Fee Required	
6.	Election Campaign Financing	<input type="checkbox"/>
	Trust Fund Contribution	<input type="checkbox"/>
	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent
FRED CHAKTHOURA
1600 S. OCEAN DR. PH-K
HOLLYWOOD, FL 33019

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PRESIDENT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED CHAKTHOURA	1.2 NAME	
STREET ADDRESS	1600 S OCEAN DR PH-K	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D VICE PRESIDENT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARL SPIGEL	2.2 NAME	
STREET ADDRESS	1228 WEST AVE #802	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33139	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D TREASURER	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT LIGUORI	3.2 NAME	
STREET ADDRESS	9050 PINES BLVD. SUITE-362	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D SECRETARY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNETTE DUBNER	4.2 NAME	
STREET ADDRESS	7555 MANDARIN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-16-99** (305) 531-7578
Daytime Phone #