

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21147 (6)**  
1. Corporation Name  
**ADIOS VILLAS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>1280 S.W. 36TH AVE. STE. 301 POMPAÑO BEACH FL 33069</b>	Mailing Address <b>1280 S.W. 36TH AVE. STE. 301 POMPAÑO BEACH FL 33069</b>
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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
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3. Date Incorporated or Qualified <b>06/15/1987</b>
4. FEI Number <b>65-0037417</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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  
**TUTTLE, DORIS  
1280 S.W. 36TH AVE.  
STE. 301  
POMPAÑO BEACH FL 33069**

10. Name and Address of New Registered Agent  
81 Name **CATHY KING**  
82 Street Address (P.O. Box Number is Not Acceptable) **1280 SW 36 AVE #301**  
83  
84 City **POMPAÑO BEACH** FL 85 Zip Code **33069**

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 *Cathy King* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KING, CATHY	
STREET ADDRESS	1280 S.W. 36TH AVE., STE. 301	
CITY-ST-ZIP	POMPAÑO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROLFF, AREND	
STREET ADDRESS	1280 S.W. 36TH AVE, STE. 301	
CITY-ST-ZIP	POMPAÑO BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, JULIA	
STREET ADDRESS	1280 S.W. 36TH AVE, STE. 301	
CITY-ST-ZIP	POMPAÑO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRYCE, RUSSEL	
STREET ADDRESS	1280 SW 36TH AVE. STE. 301	
CITY-ST-ZIP	POMPAÑO BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HECKLER, AL	
STREET ADDRESS	229 S. POMPAÑO PKWY.	
CITY-ST-ZIP	POMPAÑO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	REINER, JOHN	
2.3 STREET ADDRESS	1280 SW 36 AVE #301	
2.4 CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUSSELL, DRYCE	
3.3 STREET ADDRESS	1280 SW 36 AVE #301	
3.4 CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JUSTICE, KAREN	
4.3 STREET ADDRESS	1280 SW 36 AVE #301	
4.4 CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PARRISH, WILLIAM	
5.3 STREET ADDRESS	1280 SW 36 AVE #301	
5.4 CITY-ST-ZIP	POMPAÑO BEACH, FL 33069	
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: *Cathy King*

CR2E037 (10/97)