

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

50 MAY - 1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26437 (6)
 1. Corporation Name
VILLA POINTE RECREATION AREA ASSOCIATION, INC.

Principal Place of Business C/O ASSOC PROP MGT 400 S DIXIE HWY #10 LAKE WORTH FL 33460	Mailing Address C/O ASSOC PROP MGT 400 S DIXIE HWY #10 LAKE WORTH FL 33460
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/13/1988	3a. Date of Last Report 04/27/1994
4. FEI Number 65-0136100	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**ASSOCIATED PROP MGT
400 S DIXIE HWY STE 10
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Type or Print Name of Registered Agent and Title) _____ (Type or Print Name of Registered Agent Signature) _____ (Type or Print Name of Signer)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME TAKU, DENIS	11 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1970 MONKS CT	CITY, ST, ZIP W PALM BCH FL	12 NAME OSCAR CORIA	
TITLE VB	NAME CORIA, OSCAR	13 STREET ADDRESS 1991 Monks Court	
STREET ADDRESS 1991 MONKS CT	CITY, ST, ZIP W PALM BCH FL	14 CITY, ST, ZIP W P B, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME CABRERA, JORGE	21 TITLE UD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1974 MONKS CT	CITY, ST, ZIP W PALM BCH FL	22 NAME Beverly Wolfe	
TITLE TD	NAME MARCHASE, MICHELLE	23 STREET ADDRESS 1978 Monks Court	
STREET ADDRESS 1957 MONKS CT	CITY, ST, ZIP W PALM BCH FL	24 CITY, ST, ZIP W P B, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME GOSLING, GISELLE	31 TITLE S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1977 MONKS CT	CITY, ST, ZIP W PALM BCH FL	32 NAME Carmen Coria	
TITLE	NAME	33 STREET ADDRESS 1991 Monks Court	
STREET ADDRESS	CITY, ST, ZIP	34 CITY, ST, ZIP W P B, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	41 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	42 NAME Howard Licht	
TITLE	NAME	43 STREET ADDRESS 1976 Monks Court	
STREET ADDRESS	CITY, ST, ZIP	44 CITY, ST, ZIP W P B, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. And 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR