


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Compu-Counting, Inc	26	3095 S. Military Trail	05/13/1988	05/01/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 Suite 5		27 Suite 5		65-0136100	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Lake Worth, FL		28 Lake Worth, FL		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33463	25 Palm Beach	29 33463	30 Palm Beach	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
ASSOCIATED PROP MGT 400 S DIXIE HWY STE 10 LAKE WORTH FL 33460				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ASSOCIATED PROP MGT 400 S DIXIE HWY STE 10 LAKE WORTH FL 33460				81 Name	Compu-Counting, Inc		
Compu-Counting, Inc 3095 S Military Trail Suite 5 Lake Worth, FL 33463				82 Street Address (P.O. Box Number is Not Acceptable)	3095 S Military Trail		
				83	Suite 5		
				84 City	Lake Worth	FL	85 Zip Code
				33463			

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: Robert W. Nyman, Compu-Counting, Inc Robert W. Nyman 4-26-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	CORIA, OSCAR	
STREET ADDRESS	1991 MONKS COURT	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	WOLFE, BEVERLY	
STREET ADDRESS	1918 MARKS COURT	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	CORIA, CARMEN	
STREET ADDRESS	1991 MARKS COURT	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	LICHT, HOWARD	
STREET ADDRESS	1976 MARKS COURT	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	GOSLING, GISELLE	
STREET ADDRESS	1977 MONKS CT	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	MARY MITCHELL		
1.3 STREET ADDRESS	1938 MONKS COURT		
1.4 CITY-ST-ZIP	W P B FL 33415		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	FRANK MARKE		
2.3 STREET ADDRESS	1922 MONKS COURT		
2.4 CITY-ST-ZIP	W P B, FL 33415		
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	MAUREEN GARDELLA		
3.3 STREET ADDRESS	1981 MONKS CT		
3.4 CITY-ST-ZIP	W P B, FL 33415		
4.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	ELSBERRY, JAMES		
4.3 STREET ADDRESS	1985 MONKS CT		
4.4 CITY-ST-ZIP	W. PALM BCH, FL 33415		
5.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	DONNA FACHILD		
5.3 STREET ADDRESS	6198-y Sherwood Ct		
5.4 CITY-ST-ZIP	W P B FL 33415		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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)(k), 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: [Signature] Feb 20 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)