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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26437 (6)

1. Corporation Name
VILLA POINTE RECREATION AREA ASSOCIATION, INC.



Principal Place of Business
COMPU COUNTING INC
3095 S MILITARY TRAIL SUITE 5
LAKE WORTH FL 33463
US

Mailing Address
3095 S MILITARY TRAIL
SUITE 5
LAKE WORTH FL 33463-2108
US

3. Date Incorporated or Qualified 05/13/1988
3a. Date of Last Report 05/01/1996
4. FEI Number 65-0136100
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMPU-COUNTING INC
3095 S MILITARY TRAIL
SUITE 5
LAKE WORTH FL 33463

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MITCHELL, MARY	1938 MONKS CT W PALM BCH FL		<input type="checkbox"/>
VD	MARKLE, FRANK	1922 MONKS CT W PALM BCH FL		<input checked="" type="checkbox"/>
SD	GARDELLA, MAUREEN	1981 MONKS CT W PALM BCH FL		<input type="checkbox"/>
TD	ELSBERRY, JAMES	1985 MONKS CT W PALM BCH FL		<input type="checkbox"/>
D	FARCHILD, DONNA	6198-6 SHERWOOD GLENWAY W PALM BCH FL		<input checked="" type="checkbox"/>
V.P.	MICHELLE MARCHESI	1957 MONKS COURT WEST PALM BCH FL 33415		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)