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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90036 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N26437 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 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/13/1988
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0136100
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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 617.0803, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, MARY	1.2 NAME	
STREET ADDRESS	1938 MONKS CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33477	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADELLA, MAUREEN <input checked="" type="checkbox"/> TREA.	2.2 NAME	
STREET ADDRESS	1981 MONKS CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33415	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSBERRY, JAMES <input checked="" type="checkbox"/> VICE-PRES.	3.2 NAME	
STREET ADDRESS	1985 MONKS CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33415	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHESE, MICHELLE	4.2 NAME	
STREET ADDRESS	1987 MONKS CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	CORIA OSCAR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1991 MONKS CT <input checked="" type="checkbox"/> PRES	5.2 NAME	
STREET ADDRESS	WEST PALM BCH, FL 33415	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	ROBERT WYMAN <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3095 S MILITARY TRAIL	6.2 NAME	
STREET ADDRESS	LAKE WORTH, FL 33463 SEC.	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)(f), 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: ROBERT WYMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 561-964-6421
Date Daytime Phone #

CR2637 (1/198)