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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N26439** (2)

1. Corporation Name
VILLA POINTE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O ASSOC PROP MGT 400 S DIXIE HWY #10 LAKE WORTH FL 33460
C/O ASSOC PROP MGT 400 S DIXIE HWY #10 LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/13/1988** 3a. Date of Last Report **04/21/1994**

4. FEI Number **65-0120256** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This Corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**ASSOCIATED PROPERTY MANAGEMENT
400 S DIXIE HWY STE 10
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent
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 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 _____ DATE _____
(Signature) (Typed or printed name of registered agent and title if applicable) (Date) (Registered agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	TAKU, DENIS	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1970 MONKS CT	12 NAME	SD
STREET ADDRESS	W PALM BCH FL	13 STREET ADDRESS	Carmen Coria
CITY ST ZIP		14 CITY ST ZIP	1991 Monks Court West Palm Beach, FL
TITLE	PD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORIA, OSCAR	22 NAME	PD
STREET ADDRESS	1991 MONKS CT	23 STREET ADDRESS	← SAME
CITY ST ZIP	W PALM BCH FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, JORGE	32 NAME	VD
STREET ADDRESS	1974 MONKS CT	33 STREET ADDRESS	Beverly Wolfe
CITY ST ZIP	W PALM BCH FL	34 CITY ST ZIP	1918 Monks Court West Palm Beach, FL
TITLE	TD	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHESE, MICHELLE	42 NAME	TD
STREET ADDRESS	1067 MONKS CT	43 STREET ADDRESS	Howard Licht
CITY ST ZIP	W PALM BCH FL	44 CITY ST ZIP	1976 Monks Court West Palm Beach, FL
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSLING, CIBELLE	52 NAME	
STREET ADDRESS	1977 MONKS CT	53 STREET ADDRESS	
CITY ST ZIP	W PALM BCH FL	54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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, 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: Sandra B. Morham President 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Block 8)