

**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

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

3. Date Incorporated or Qualified  
**05/13/1988**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
21 **C/O Seaverest Management**

2a. Mailing Address  
26 **C/O Seaverest Management**

4. FEI Number  
**65-0120256**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **3700 Georgia Ave.**

Suite, Apt. #, etc.  
27 **3700 Georgia Ave.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State  
23 **West Palm Beach, Fl.**

City & State  
28 **West Palm Beach, Fl.**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip  
24 **33405**

Country  
25 **Fla Beach**

Zip  
29 **33405**

Country  
30 **Palm Beach**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT  
400 S DIXIE HWY STE 10  
LAKE WORTH FL 33460**

81 Name **William F. Acrostey  
C/O Seaverest Management**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3700 Georgia Ave**

83

84 City **West Palm Beach**

FL 85 Zip Code **33405**

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]*  
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required if not reinstating)

DATE **4/3/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD**  DELETE  
NAME **CORIA, CARMEN**  
STREET ADDRESS **1991 MONKS COURT**  
CITY-ST-ZIP **W. PALM BEACH FL**

1.1 TITLE **S.D. MAUREON J. GARDELLA**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **1981 MONKS CRT.**  
1.4 CITY-ST-ZIP **WPB FL 33415**

TITLE **PD**  DELETE  
NAME **CORIA, OSCAR**  
STREET ADDRESS **1991 MONKS CT**  
CITY-ST-ZIP **W PALM BCH FL**

2.1 TITLE **P.D. MARY MITCHELL**  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS **1938 MONK CRT**  
2.4 CITY-ST-ZIP **WPB FL 33415**

TITLE **VD**  DELETE  
NAME **WOLFE, BEVERLY**  
STREET ADDRESS **1918 MONKS COURT**  
CITY-ST-ZIP **W. PALM BEACH FL**

3.1 TITLE **V.D. FRANK MARKLE**  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS **1922 MONKS CRT.**  
3.4 CITY-ST-ZIP **WPB FL 33415**

TITLE **TD**  DELETE  
NAME **LICHT, HOWARD**  
STREET ADDRESS **1976 MONKS COURT**  
CITY-ST-ZIP **W. PALM BEACH FL**

4.1 TITLE **T.D. SIM ELSBERRY**  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS **1905 MONKS CRT.**  
4.4 CITY-ST-ZIP **WPB FL 33415**

TITLE **D**  DELETE  
NAME **GOSLING, GISELLE**  
STREET ADDRESS **1977 MONKS CT**  
CITY-ST-ZIP **W PALM BCH FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)