

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
95 JUL 10 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N40998 (9)**  
1. Corporation Name  
**VILLA PLATI HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>P.O. BOX 743 2023 NORTH FLAGLER DRIVE PALM BCH. FL 33480 US</b>	Mailing Address <b>P.O. BOX 743 2023 NORTH FLAGLER DRIVE PALM BCH. FL 33480 US</b>
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2. Principal Place of Business 21 <b>1325 S. CONGRESS AVE</b> Suite, Apt. #, etc. 22 <b>#217</b> City & State 23 <b>BOYNTON BEACH, FL</b> Zip 24 <b>33426</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>1325 S. CONGRESS AVE</b> Suite, Apt. #, etc. 27 <b>#217</b> City & State 28 <b>BOYNTON BEACH, FL</b> Zip 29 <b>33426</b> Country 30 <b>USA</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/20/1990</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>36-3196632 65-0500529</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HESS, MARSHALL  
310 ATLANTIC AVE  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent  
81 Name  
**LAWRENCE ABRAMSON, ESQ.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1860 FOREST HILL BLVD**  
83  
84 City  
**WEST PALM BEACH FL** 85 Zip Code  
**33406**

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: *Marshall Hess* (NOTE: Registered Agent signature required when reinstating) DATE: **7-26-95**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>HESS, MARSHALL</b>
STREET ADDRESS	<b>310 ATLANTIC AVE</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>
TITLE	<b>VS</b>
NAME	<b>BOAL, BRUCE</b>
STREET ADDRESS	<b>305 ATLANTIC AVE</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>
TITLE	<b>VID</b>
NAME	<b>RIBAKOFF, EUGENE</b>
STREET ADDRESS	<b>311 EVERGLADE AVE</b>
CITY-ST-ZIP	<b>PAL BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DAVID FINGOLD</b>
1.3 STREET ADDRESS	<b>303 EVERGLADES AVE</b>
1.4 CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>
2.1 TITLE	<b>VP/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BJORN ALVERN</b>
2.3 STREET ADDRESS	<b>224 BRADLEY PLACE</b>
2.4 CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>
3.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>RUTH ABRAMSON</b>
3.3 STREET ADDRESS	<b>305 EVERGLADES AVE</b>
3.4 CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**REMITTED BY MAY 1**

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 110.07(3)(a), 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: *George Reiter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR  
**GEORGE REITER**  
DATE: **7-26-95** (407) 770-0661  
Laytime Phone #