

**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 # N40998 (9)**  
1. Corporation Name

**VILLA PLATI HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
1325 S CONGRESS AVENUE 217 BOYNTON BEACH FL 33426 US	1325 S CONGRESS AVENUE 217 BOYNTON BEACH FL 33426 US

3. Date Incorporated or Qualified <b>11/20/1990</b>	3a. Date of Last Report <b>07/10/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0500529</b>	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		
25	30		

**9. Name and Address of Current Registered Agent**

**ABRAMSON, LAWRENCE ESQ**  
**1860 FOREST HILL BLVD**  
**WEST PALM BEACH FL 33406**

**10. Name and Address of New Registered Agent**

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

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	FINGOLD, DAVID	
STREET ADDRESS	303 EVERGLADES AVENUE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ALVERN, BJORN	
STREET ADDRESS	224 BRADLEY PLACE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ABRAMSON, RUTH	
STREET ADDRESS	305 EVERGLADES AVENUE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	d	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	d
2.3 STREET ADDRESS	George Newman
2.4 CITY-ST-ZIP	309 Everglades Ave Palm Beach, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Hubert Tibbets
4.4 CITY-ST-ZIP	230 BRADLEY PLACE Palm Beach, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Bruce Beal
5.4 CITY-ST-ZIP	308 Atlantic Ave Palm Beach, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** \_\_\_\_\_ **Date** **9/96** **Daytime Phone #** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)