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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N40998

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VILLA PLATI HOMEOWNERS ASSOCIATION, INC.

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Principal Place of I	Business	Mailing Address		4 ENNITERNE MET MENT ANDER TALLEN ENDAN	thir diale diali hins Eibir als	KA BIBIL 1881
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217		217	40 4090			
BOYNTON BEACH FL 33426		BOYNTON BEACH FL 334: US	26-5873	3. Date Incorporated or Qualified	3a. Date of Last Re	port
US		UU		3. Date Incorporated or Qualified 11/20/1990	04/24/199	96
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number 65-0500529	App	plied For
11 514 N	E 20051	26 314 NE	3rdSt	65-0500529		Applicable
Suite, Apt. #, et	etc.	Suite, Apt. #, etc.	·	6. Certificate of Status Desired	\$8.75 A	
City & State 23 DOYNEY	n Brach FL	28 DOYA KA BO	ach FL	Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	
Zip G	Country	Zip	Country A	8. This corporation has liability for	intangible tax under s.	199.032,
334	30 25 talm much	29 55435	30 rambar		Yes No	
9	9. Name and Address of Current	Registered Agent		10. Name and Address of New Ro	egistered Agent	
			81 Name			
	I, LAWERENCE ESQ		82 Street Ade	dress (P.O. Box Number is Not Accepta	ble)	
* *	ST HILL BLVD		B3			
WEST PALM	M BEACH FL 33406		89			
			84 City		85 Zip C	Code
				veneralise a harite this statement for the	FL of shapeing to	ragiotarad
	stered agent, or both, in the State of	of Florida, Such change was ions of, Section 617,0503, F	authorized by the corpor lorida Statutes.	orporation submits this statement for the ration's board of directors. I hereby acce	pt the appointment as i	registered
office or regist	amiliar with, and accept the obligat					
SIGNATURE					DATE	····
SIGNATURE Signa	amiliar with, and accept the obligat hature, lyped or printed name of registered agent OFFICERS AND	and title if applicable. (NO	TE: Registered Agent signature req		DATE	
SIGNATURE Signa	naturo, lyped or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature req	Quitatanier nertw beniup	DATE	
SIGNATURE Signa 12. TITLE F NAME F	OFFICERS AND PTD FINGOLD, DAVID	and title if applicable. (NO DIRECTORS	TE: Registered Agent signature req	Quitatanier nertw beniup	DATE CERS AND DIRECTOR	S IN 12
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