

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 FEB 14 PH 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001416 (6)

1. Corporation Name
HABITAT VILLAS COMMUNITY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
9350 SOUTH DADELAND BOULEVARD SUITE 200 MIAMI FL 33156
9350 SOUTH DADELAND BOULEVARD SUITE 200 MIAMI FL 33156

3. Date Incorporated or Qualified 03/21/1994
3a. Date of Last Report N/A

4. FEI Number 65-0483394
Applied For Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 27

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

City & State 23
City & State 28

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

Zip Country 24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANNING, ANNE E
9350 SOUTH DADELAND BOULEVARD
SUITE 200
MIAMI FL 33156

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 agent 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HOLKEBOER, DIRK *Delete*
STREET ADDRESS 9350 SOUTH DADELAND BOULEVARD, #200
CITY - ST - ZIP MIAMI-FL-33156

1.1 TITLE PD Change Addition
1.2 NAME Rene Hernandez
1.3 STREET ADDRESS 9350 S. Dadeland Blvd., #200
1.4 CITY - ST - ZIP Miami, FL 33156

TITLE VPD
NAME MANNING, ANNE E
STREET ADDRESS 9350 SOUTH DADELAND BOULEVARD, #200
CITY - ST - ZIP MIAMI FL 33156

2.1 TITLE Vice President (VPD) Change Addition
2.2 NAME Judi Hees
2.3 STREET ADDRESS 9350 S. Dadeland Blvd., #200
2.4 CITY - ST - ZIP Miami, FL 33156

TITLE ST
NAME KENNEDY, ANNE E *Delete*
STREET ADDRESS 9350 SOUTH DADELAND BOULEVARD, #200
CITY - ST - ZIP MIAMI-FL-33156

3.1 TITLE Secretary (S) Change Addition
3.2 NAME Anne E. Manning
3.3 STREET ADDRESS 9350 S. Dadeland Blvd., #200
3.4 CITY - ST - ZIP Miami, FL 33156

TITLE -D-
NAME WATTS, JAMES *Delete*
STREET ADDRESS 9350 SOUTH DADELAND BOULEVARD, #200
CITY - ST - ZIP MIAMI-FL-33156

4.1 TITLE Treasurer (T) Change Addition
4.2 NAME Anne Green
4.3 STREET ADDRESS 9350 S. Dadeland Blvd., #200
4.4 CITY - ST - ZIP Miami, FL 33156

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
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 110.07(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, changed, or on an attachment with an address.

SIGNATURE:

Anne E Manning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/95
DATE

305)6702224
TELEPHONE NUMBER