


FILED
Apr 02, 1999 8:00 am
Secretary of State

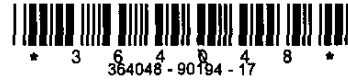
04-02-1999 90009 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N98000005908

1. Corporation Name

VILLA BORGHESE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3333 S. CONGRESS AVE., SUITE 403B DELRAY BCH FL 33445	Mailing Address 3333 S. CONGRESS AVE., SUITE 403B DELRAY BCH FL 33445
---	---



2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip Country	3. Date incorporated or Qualified 10/15/1998	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent AKEL, RAMZI 3333 S. CONGRESS AVE., SUITE 403B DELRAY BCH FL 33445	10. Name and Address of New Registered Agent 81 Name: Joel Messina 82 Street Address (P.O. Box Number Not Acceptable): 951 Green Springs Rwy 83 84 City: Korea Row FL 85 Zip Code: 33487
---	--

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]* DATE: **3-4-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: POST <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: AKEL, RAMZI	1.2 NAME
STREET ADDRESS: 3333 S. CONGRESS AVE., SUITE 403B	1.3 STREET ADDRESS	CITY-ST-ZIP: DELRAY BCH FL 33445	1.4 CITY-ST-ZIP
TITLE: VD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: SCARDINA, CHARLES	2.2 NAME
STREET ADDRESS: 3333 S. CONGRESS AVE., SUITE 403B	2.3 STREET ADDRESS	CITY-ST-ZIP: DELRAY BCH FL 33445	2.4 CITY-ST-ZIP
TITLE: D <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: BUDD, GARY	3.2 NAME
STREET ADDRESS: 3333 S. CONGRESS AVE., SUITE 403B	3.3 STREET ADDRESS	CITY-ST-ZIP: DELRAY BCH FL 33445	3.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Toni Degiaino	4.2 NAME
STREET ADDRESS: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS	CITY-ST-ZIP: 3333 S. CONGRESS AVE., SUITE 403B	4.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS: DELRAY BCH A 33445	5.2 NAME
STREET ADDRESS: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS	CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> DELETE	6.2 NAME
STREET ADDRESS: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE: **3-4-99** 561-994-1788

CORPORATE (11/98)