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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:44

DOCUMENT # **726824** **(6)**

1. Corporation Name
VANGUARD VILLAGE #15 HOMEOWNERS MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6320 BROOKWOOD BLVD TAMARAC FL 33321	6320 BROOKWOOD BLVD TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1973
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1467067 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

GERSHBERG, BEATRICE
7019 N.W. 64TH ST
TAMARAC FL 33321

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☑ Change ☐ Addition
NAME	~~BURDMAN, MORTON~~	12 NAME	HAROLD KOTLER
STREET ADDRESS	6304 N.W. 73 AVE	13 STREET ADDRESS	7304 N.W. 65 ST.
CITY-ST-ZIP	TAMARAC FL	14 CITY-ST-ZIP	TAMARAC, FL. 33321
TITLE	S	21 TITLE	V.P. ☑ Change ☐ Addition
NAME	~~ZIPPER, TILLIE~~	22 NAME	THELMA AULT
STREET ADDRESS	6303 NW 72ND AVE	23 STREET ADDRESS	6306 N.W. 72 AVE.
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP	TAMARAC, FL. 33321
TITLE	D	31 TITLE	D ☑ Change ☐ Addition
NAME	~~NARDONE, O. R.~~	32 NAME	RICHARD KACHENIAN
STREET ADDRESS	7203 NW 62 ST.	33 STREET ADDRESS	6508 N.W. 72 AVE.
CITY-ST-ZIP	TAMARAC FL	34 CITY-ST-ZIP	TAMARAC, FL. 33321
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	GERSHBERG, BEATRICE	42 NAME	
STREET ADDRESS	7019 N.W. 64TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JACOBS, BERNARD	52 NAME	
STREET ADDRESS	6302 NW 73RD AVE	53 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GOULD, NORA	62 NAME	
STREET ADDRESS	7201 N.W. 64TH ST.	63 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	64 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)(i), 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: Beatrice Gershberg BEATRICE GERSHBERG 4/7/95 305-720-0792
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0046958