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 MAY 24 PM 12:36

DOCUMENT # **748044** **(5)**

1. Corporation Name

VILLAS OF PLANTATION HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
P O BOX 16992 PLANTATION FL 33318	P O BOX 16992 PLANTATION FL 33318

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1979
3a. Date of Last Report: 06/27/1994
4. FEI Number: 59-2199134 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~O'NEILL, W. DAVID~~
~~7950 NW 11TH COURT~~
~~PLANTATION FL 33322~~

10. Name and Address of New Registered Agent

81 Name: Rhonda Hollander, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 1861 N. Federal Highway #251
83:
84 City: Hollywood FL 85 Zip Code: 33020

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: RHONDA HOLLANDER, ESQ., R.A. DATE: 5/17/95
(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	VD	1.1 TITLE	President	☐ Change ☒ Addition
NAME	ROSE, LINDA	1.2 NAME	Stephen J. Debrovic	
STREET ADDRESS	1114 NW 79TH DR	1.3 STREET ADDRESS	1172 NW 78 Way	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Plantation, FL 33322	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, CYNTHIA	2.2 NAME		
STREET ADDRESS	1158 NW 79TH DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	~~COOPER, GAYLEN~~	3.2 NAME	Lenson, Gary	
STREET ADDRESS	~~7900 NW 11TH CT~~	3.3 STREET ADDRESS	7889 NW 11 Place	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	Plantation, FL 33322	
TITLE	PD	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	~~O'NEILL, W. DAVID~~	4.2 NAME	Weintraub, Jay	
STREET ADDRESS	~~7950 NW 11TH COURT~~	4.3 STREET ADDRESS	1158 N. University Dr.	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	Plantation, FL 33322	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SOLOWAY, BEN	5.2 NAME		
STREET ADDRESS	7856 NW 11TH PL	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	GREGER, DON	6.2 NAME		
STREET ADDRESS	1174 N. UNIVERSITY DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	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)(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: Cynthia M. Turner 5/24/95 305-985-3100
(SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR) Cynthia M. Turner (Daytime Phone #)

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