

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **751805** (3)

1. Corporation Name

VILLAS ON THE GREEN HOMEOWNER'S ASSOCIATION, INC



Principal Place of Business 424 NE 195 STR NO MIAMI BCH FL 33179 US		Mailing Address % MARILYN ZEIGER 424 NE 195 STR NO MIAMI BCH FL 33179 US		3. Date Incorporated or Qualified 03/31/1980
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2378062
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Country 29		Zip 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZEIGER, MARILYN
424 NE 195 STR
NO MIAMI BCH FL 33179**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Sonny Sokoloff <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KROP, PHILIP	1.2 NAME	382 NE 195 St
STREET ADDRESS	502 NE 195 STREET	1.3 STREET ADDRESS	N. Miami Beach, FL 33179
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P. J. KOPPENMAJ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ISABEL	2.2 NAME	432 NE 195TH ST.
STREET ADDRESS	508 NE 195 ST.	2.3 STREET ADDRESS	N. MIAMI BEACH, FL 33179
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ZEIGER, MARILYN	3.2 NAME	
STREET ADDRESS	424 NE 195 STREE	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	ROSENTHAL, DAVE	4.2 NAME	
STREET ADDRESS	606NE 195 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	WEISS, JOAN	5.2 NAME	
STREET ADDRESS	378 NE 195TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: **Marilyn Zeiger** **1/5/98** **305653-8343**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)