

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90036 010 \*\*\*\*61.25

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DOCUMENT # 726824

1. Corporation Name

VANGUARD VILLAGE #15 HOMEOWNERS MAINTENANCE ASSO  
CIATION, INC.

Principal Place of Business  
6320 BROOKWOOD BLVD  
TAMARAC FL 33321

Mailing Address  
6320 BROOKWOOD BLVD  
TAMARAC FL 33321



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/28/1973

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

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 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

TITLE P  
NAME GOULD, MORA  
STREET ADDRESS 7201 N.W. 64TH ST  
CITY-ST-ZIP TAMARAC FL 33321 ☒ DELETE

TITLE VP  
NAME DETELICH, MARK  
STREET ADDRESS 7087 N.W. 63 ST  
CITY-ST-ZIP TAMARAC FL 33321 ☒ DELETE

TITLE S  
NAME NARDONE, HORACE  
STREET ADDRESS 7203 N.W. 67 ST  
CITY-ST-ZIP TAMARAC FL 33321 ☒ DELETE

TITLE T  
NAME GERSHBERG, BEATRICE  
STREET ADDRESS 7019 N.W. 64TH ST.  
CITY-ST-ZIP TAMARAC FL ☐ DELETE

TITLE D  
NAME JACOBS, BERNARD  
STREET ADDRESS 6302 NW 73RD AVE  
CITY-ST-ZIP TAMARAC FL ☐ DELETE

TITLE D  
NAME EMMERT, DOROTHY  
STREET ADDRESS 6309 N.W. 71ST AVE  
CITY-ST-ZIP TAMARAC FL 33321 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P. AYLOG, MARY LOU  
1.2 NAME 6704 N.W. 71ST AVE.  
1.3 STREET ADDRESS TAMARAC, FL 33321 ☒ Change ☐ Addition  
1.4 CITY-ST-ZIP

2.1 TITLE V.P.  
2.2 NAME EMMERT, DOROTHY  
2.3 STREET ADDRESS 6309 N.W. 71ST AVE  
2.4 CITY-ST-ZIP TAMARAC, FL 33321 ☒ Change ☐ Addition

3.1 TITLE S. ROSENBERG, EVA.  
3.2 NAME 7303 N.W. 64TH ST.  
3.3 STREET ADDRESS TAMARAC, FL 33321 ☒ Change ☐ Addition  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

6.1 TITLE BURDMAN, MORTON  
6.2 NAME 6304 N.W. 73RD AVE.  
6.3 STREET ADDRESS TAMARAC, FL 33321 ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE: BEATRICE GERSHBERG 3/10/99 954-720-072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)