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May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717746	(2)
1. Corporation Name VILLAS SOCIAL CLUB, INC.	

Principal Place of Business 4301 N.W. 48TH AVE FORT LAUDERDALE FL 33319-4659	Mailing Address 4301 N.W. 48TH AVE FORT LAUDERDALE FL 33319-4659
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 12/16/1969
4. FEI Number 59-1366036
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HODGES, DRAPER H. P VILLAS SOCIAL CLUB INC 4301 NW 48TH AVE LAUDERDALE FL 33319	
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10. Name and Address of New Registered Agent	
81 Name James R. Miles	85 Zip Code 33067
82 Street Address (P.O. Box Number is Not Acceptable) 7666 Wiles Road	
83 City Coral Springs FL	
84 State FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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]* **James R. Miles** DATE **5/5/98**

12. OFFICERS AND DIRECTORS	
TITLE DVP	<input checked="" type="checkbox"/> DELETE
NAME SEYMOUR, RATS	
STREET ADDRESS 4350 NW 48TH TERR	
CITY-ST-ZIP LAUDERDALE LAKES FL 33319	
TITLE D2VP	<input type="checkbox"/> DELETE
NAME MCCLYMONT, CHARLES	
STREET ADDRESS 4999 NW 42ND CT	
CITY-ST-ZIP LAUDERDALE LAKES FL	
TITLE TDC	<input checked="" type="checkbox"/> DELETE
NAME HAMILTON, CARMEN	
STREET ADDRESS 4933 NW 43RD ST	
CITY-ST-ZIP LAUDERDALE LAKES FL	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME HODGES, DRAPER H	
STREET ADDRESS 4310 NW 503 AVE	
CITY-ST-ZIP LAUDERDALE LAKES FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME BROCKMAN, DORIS	
STREET ADDRESS 5030 NW 42ND CT	
CITY-ST-ZIP LAUDERDALE LAKE FL	
TITLE TDP	<input checked="" type="checkbox"/> DELETE
NAME HODGES, DRAPER	
STREET ADDRESS 4310 NW 50TH AVE	
CITY-ST-ZIP LAUDERDALE LAKES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME CARLTON PHILLIPS	
1.3 STREET ADDRESS 4209 NW 50TH	
1.4 CITY-ST-ZIP LAUDERDALE LAKE, FL, 33319	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE D2VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME KATHLEEN LOITER	
3.3 STREET ADDRESS 5060 NW 42ND STREET	
3.4 CITY-ST-ZIP LAUDERDALE LAKES, FL 33319	
4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME WINSOME BAILEY	
4.3 STREET ADDRESS 4241 NW 51 AVE	
4.4 CITY-ST-ZIP LAUDERDALE LAKES FL 33319	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME NOVILLE BUCHANAN	
5.3 STREET ADDRESS 4398 NW 46TH	
5.4 CITY-ST-ZIP LAUDERDALE LAKES, FL, 33319	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME TERRY MAGGIO	
6.3 STREET ADDRESS 4331 NW 49TH	
6.4 CITY-ST-ZIP LAUDERDALE LAKES, FL, 33319	

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 *[Signature]* **James R. Miles** **5-13-98**

CR2E037 (1097)