

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723315 (8)
1. Corporation Name
VILLA VALENCIA CONDOMINIUM ASSOCIATION, INC



Principal Place of Business: 50 S.E. 12TH ST. BOCA RATON FL 33432
Mailing Address: % BEACON PROPERTY MGMT 1 N. OCEAN BLVD. #7 BOCA RATON FL 33432 US

3. Date Incorporated or Qualified: 05/01/1972
3a. Date of Last Report: 04/11/1995
4. FEI Number: 59-1442005
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26 500 E. Spanish River Blvd.
Suite, Apt. #, etc.: 22 Suite, Apt. #, etc.: 27 #18
City & State: 23 Boca Raton, Fl.
Zip: 24 33431 Country: 25 Country: 28
Country: 29

9. Name and Address of Current Registered Agent
WILLIS, ERNEST W
BEACON PROPERTY MANAGEMENT
1 N. OCEAN BLVD., STE. 7
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
81 BEACON PROPERTY MANAGEMENT, INC.
82 SUITE #18
83 500 N.E. SPANISH RIVER BLVD.
84 BOCA RATON, FL. 33431

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: *Ernest Willis* 3-27-96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-appointing.) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PILEPIC, BEBE	
STREET ADDRESS	50 SE 12TH ST APT 237	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONLY, GERI	
STREET ADDRESS	50 S.E. 12TH STREET, 216	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ORR, ALLAN	
STREET ADDRESS	50 S.E. 12TH ST. #155	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CORNELL, WALTER	
STREET ADDRESS	440 NE 36TH ST.	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WITT, GENIE	
STREET ADDRESS	50 SW 12TH ST #162	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'CONNER, MARGA	
STREET ADDRESS	861 N.W. 6TH DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D. Harriet Norton
3.3 STREET ADDRESS	50 SE 12th Street #164, Boca Raton, FL.
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: *Gerry Conly* 3-27-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)