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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 723315 (8)

1. Corporation Name
VILLA VALLENCIA CONDOMINIUM ASSOCIATION, INC



Principal Place of Business Mailing Address
50 S.E. 12TH ST.
BOCA RATON FL 33432
500 E. SPANISH RIVER BLVD
SUITE 18
BOCA RATON FL 33431-4558
US

3. Date Incorporated or Qualified 05/01/1972
3a. Date of Last Report 04/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

4. FEI Number 59-1442005 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BEACON PROPERTY MANAGEMENT INC.
500 NE SPANISH RIVER BLVD
SUITE 18
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name TERESA BISHOP
82 Street Address (P.O. Box Number is Not Acceptable) MAHOGANY SERVICES, INC.
83 2200 CORPORATE BLVD., NW #220
84 City BOCA RATON FL 85 Zip Code 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 *T.C. Bishop* DATE 2/21/97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	DELETE
NAME	PILEPIC, BEBE	
STREET ADDRESS	50 SE 12TH ST APT 237	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	DELETE
NAME	CONLY, GERI	
STREET ADDRESS	50 S.E. 12TH STREET, 216	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	DELETE
NAME	NORTON, HARRIET	
STREET ADDRESS	50 SE 12TH STREET #164	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	PD	DELETE
NAME	CORNELL, WALTER	
STREET ADDRESS	440 NE 36TH ST.	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	TD	DELETE
NAME	WITT, GENIE	
STREET ADDRESS	50 SW 12TH ST #162	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	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	D	Change	XX Addition
1.2 NAME	NOLAN, JOHN		
1.3 STREET ADDRESS	50 SE 12th ST APT 266		
1.4 CITY-ST-ZIP	BOCA RATON FL 33432		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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 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: *Genieve A. Witt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038751

CR2E037 (9/96)