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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723315 (8)
 1. Corporation Name
VILLA VALLENCIA CONDOMINIUM ASSOCIATION, INC



Principal Place of Business 50 S.E. 12TH ST. BOCA RATON FL 33432	Mailing Address 500 E SPANISH RIVER BLVD SUITE 18 BOCA RATON FL 33431 US
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3. Date Incorporated or Qualified 05/01/1972		
4. FEI Number 59-1442005	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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 checked="" 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 checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 28		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 26		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**BISHOP, TERESA
 MAHOGANY SERVICES INC
 220 CORPORATE BLVD., NW #220
 BOCA RATON FL 33431**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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, 218	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORTON, HARRIET	
STREET ADDRESS	50 SE 12TH STREET #164	
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 #182	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NOLAN, RANDY	
1.3 STREET ADDRESS	50 SE 12th STREET., #266	
1.4 CITY-ST-ZIP	BOCA RATON FL 33432	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SYPNIEWSKI, BOB	
2.3 STREET ADDRESS	50 SE 12th STREET., #140	
2.4 CITY-ST-ZIP	BOCA RATON FL 33432	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
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 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: _____ **3-1998**

CR2E037 (10/97)