

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 # 725398 (2)

1. Corporation Name
VILLA RIO CONDOMINIUM APARTMENTS INC



Principal Place of Business: 2400 NORTHEAST 16TH ST. POMPANO BEACH FL 33062
Mailing Address: 2400 NORTHEAST 16TH ST. POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: 01/30/1973
3a. Date of Last Report: 04/20/1995
4. FEI Number: 59-1519687
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

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

9. Name and Address of Current Registered Agent
DOLAN, JANE EYRE
2400 NE 16TH STREET
#212
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent
81 Name: **Tubbergen, Stanley**
82 Street Address (P.O. Box Number is Not Acceptable): **2400 N.E. 16th St.**
83: **#112**
84 City: **Pompano Beach** FL 85 Zip Code: **33062**

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: **Stanley Tubbergen, President** 2/12/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when repeating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SHEARER, STAN	
STREET ADDRESS	2400 NE 16TH ST #102	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BRIDGER, SAGE	
STREET ADDRESS	2400 NE 16 ST. #104	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PERRIGO, JANICE	
STREET ADDRESS	2400 NE 16 ST. #113	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DOLAN, JANE EYRE	
STREET ADDRESS	2400 NE 16TH ST #212	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GEIS, ROBERT	
STREET ADDRESS	2400 N.E. 16TH STREET #106	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOURNIER, JEAN	
STREET ADDRESS	2400 NE 16TH ST. #209	
CITY-ST-ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Anderson, Jim	
1.3 STREET ADDRESS	2400 NE 16th St.	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ryan, Helen	
2.3 STREET ADDRESS	2400 NE 16th St. Pompano Beach, FL	
2.4 CITY-ST-ZIP	33062	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Shearer, Stan	
3.3 STREET ADDRESS	2400 N E 16th St.	
3.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tubbergen, Stanley	
4.3 STREET ADDRESS	2400 N E 16th St	
4.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dolan, Jane Eyre	
5.3 STREET ADDRESS	2400 NE 16th St.	
5.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
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: **Helen Ryan, Treasurer** Helen M Ryan 2/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)