

# FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725703 (3)**  
 1. Corporation Name  
**VANGUARD VILLAGE 15 SOCIAL AND CIVIC ASSOCIATION, INC.**



Principal Place of Business 6320 BROOKWOOD BLVD. TAMARAC FL 33321 US	Mailing Address 6320 BROOKWOOD BLVD. TAMARAC FL 33321 US
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3. Date Incorporated or Qualified 03/02/1973	3a. Date of Last Report 03/10/1995
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2. Principal Place of Business 21 6320 Brookwood Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 6320 Brookwood Blvd Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
22 City & State 23 Tamarac FL	27 City & State 28 Tamarac FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33321	25 Broward	29 33321	30 Broward
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**ROSENBERG, EVA**  
**7303 NW 64TH COURT**  
**TAMARAC FL 33321**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 Eva Rosenberg Eva Rosenberg DATE 2/5/96  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEIGER, LENA 7301 N.W. 64TH ST. TAMARAC, FL 00000 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Ms. Joag Williams 7303 N W 64 Street Tamarac, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSENBERG, EVA 7303 NW 64TH COURT TAMARAC, FL 00000 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDLER, CLAIRE 7200 N. W. 68TH ST. TAMARAC, FL 00000 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMMEL, FREDA 7205 NW 68 ST. TAMARAC, FL 00000 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMERT, DOROTHY 6319 NW 74TH AVE. TAMARAC, FL 00000 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R D BURDMAN, ROSE 6304 NW 73RD AVE. TAMARAC FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eva Rosenberg Eva Rosenberg DATE 2/5/96 (305) 722-6079  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)