

FILE NOW: FILING FEE IS \$61.25

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Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>6320 BROOKWOOD BLVD. TAMARAC FL 33321 US</b>	Mailing Address <b>6320 BROOKWOOD BLVD. TAMARAC FL 33321 US</b>
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2. Principal Place of Business 21 <b>6320 Brookwood Blvd</b> Suite, Apt. #, etc. 22 <b>Tamarac</b> City & State 23 <b>Florida</b> Zip 24 <b>33321</b>	2a. Mailing Address 25 <b>6320 Brookwood Blvd</b> Suite, Apt. #, etc. 26 <b>Tamarac</b> City & State 27 <b>Florida</b> Zip 28 <b>33321</b>	29 <b>33321</b> Country 30 <b>US</b>
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3. Date Incorporated or Qualified <b>03/02/1973</b>
4. FEI Number <b>NOT APPLICABLE</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name <b>Rosenberg, Eva</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7303 NW 64th Court</b>
83
84 City <b>Tamarac</b>
85 Zip Code <b>FL 33321</b>

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** DATE **3/9/98**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT MILDRETH, GORDON T 7204 NW 68TH ST TAMARAC FL 33321</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROSENBERG, EVA 7303 NW 64TH COURT TAMARAC FL 33321</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SANDLER, CLAIRE 7200 N. W. 68TH ST. TAMARAC FL 33321</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KIMMEL, FRED 7205 NW 68 ST. TAMARAC FL 33321</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KIMMEL, FRED 7205 NW 68TH ST TAMARAC FL 33321</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BURDMAN, ROSE 6304 NW 73RD AVE. TAMARAC FL 33321</b>	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Pres. Katherine J. Hillman 6502 NW 68th St. Tamarac, FL 33321</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Treas. Rosenberg, Eva 7303 NW 64th Ct Tamarac FL 33321</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>Scc. Sandler, Claire 7200 NW 68 St. Tamarac, FL 33321</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>V. Pres. Shirley Kerstein 7304 NW 68th St Tamarac FL 33321</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>Director Kimmel, Fred 7205 NW 68th St. Tamarac FL 33321</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>Director Gordon, Mildred 7204 NW 68th St Tamarac FL 33321</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **Eva Rosenberg** DATE: **3/9/98** (654) 722-6079

CR25037 (10/97)