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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 725703			
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 4 TAMARAC FL 33321 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 03/02/1973		4. FEI Number NOT APPLICABLE	
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	
9. Name and Address of Current Registered Agent ROSENBERG, EVA 7303 N.W. 64TH COURT TAMARAC FL 33321		10. Name and Address of New Registered Agent 81 Name HELEN GREENSPAN 82 Street Address (P.O. Box Number is Not Acceptable) 6409 N.W. 72 AVE. 83 TAMARAC, 84 City FL 85 Zip Code 33321	
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 <i>Helen Greenspan</i> DATE 4/13/99 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input checked="" type="checkbox"/> DELETE NAME HILLMAN, KATHERINE J STREET ADDRESS 6502 N.W. 68TH ST CITY-ST-ZIP TAMARAC FL 33321		1.1 TITLE P JACK GREENSPAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 6409 NW 72nd Ave. 1.4 CITY-ST-ZIP Tamarac, FL 33321-5518	
TITLE T <input checked="" type="checkbox"/> DELETE NAME ROSENBERG, EVA STREET ADDRESS 7303 NW 64TH COURT CITY-ST-ZIP TAMARAC FL 33321		2.1 TITLE T 2.2 NAME <i>Helen Greenspan</i> 2.3 STREET ADDRESS 6409 NW 72nd Ave. 2.4 CITY-ST-ZIP Tamarac, FL 33321-5518	
TITLE S <input type="checkbox"/> DELETE NAME SANDLER, CLAIRE STREET ADDRESS 7200 N. W. 68TH ST. CITY-ST-ZIP TAMARAC FL 33321		3.1 TITLE V.P. CLAIRE SANDLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS SAME ADDRESS 3.4 CITY-ST-ZIP	
TITLE VP <input checked="" type="checkbox"/> DELETE NAME KERSTEIN, SHIRLEY STREET ADDRESS 7304 N.W. 68TH ST CITY-ST-ZIP TAMARAC FL 33321		4.1 TITLE D HELEN Schiffer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 7105 N.W. 67 St. 4.4 CITY-ST-ZIP TAMARAC, FL 33321	
TITLE D <input type="checkbox"/> DELETE NAME KIMMEL, FRIEDA STREET ADDRESS 7205 N.W. 68TH ST CITY-ST-ZIP TAMARAC FL 33321		5.1 TITLE SEC FRIEDA KIMMEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS SAME address 5.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME GORDON, MILDRETH STREET ADDRESS 7204 N.W. 68TH ST CITY-ST-ZIP TAMARAC FL 33321		6.1 TITLE D 6.2 NAME Blanche Chase 6.3 STREET ADDRESS 6309 NW 72 Ave 6.4 CITY-ST-ZIP TAMARAC, FL 33321	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HELEN GREENSPAN

Daytime Phone #

CR2E037 (11/98)