

**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 # 737236 (0)

1. Corporation Name  
**VILLAS CONDOMINIUM, INC.**



Principal Place of Business: 6514 KENDALE LAKES DRIVE MIAMI FL 33183-1822  
Mailing Address: C/O THE CONTINENTAL GROUP 12079 SW 131 AVE MIAMI FL 33186

3. Date Incorporated or Qualified: 11/05/1976  
3a. Date of Last Report: 01/30/1995

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

4. FEI Number: 59-1699832  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**BARNET, LIONET  
3191 CORAL WAY  
SUITE 506  
CORAL GABLES FL 33145**

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD RICCARDI, JEAN	1.1 TITLE	D RAY CHRISTENSEN
NAME	6530 KENDALE LAKES DR, VILLA 1302	1.2 NAME	6500 KENDALE LAKES DR., VILLA 106
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	MIAMI, FL 33183
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ABBOTT, ROBERT	2.1 TITLE	PD ABBOTT, ROBERT
NAME	6512 KENDALE LAKES DR., VILLA 902	2.2 NAME	6512 KENDALE LAKES DR., VILLA 902
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	MIAMI, FL 33183
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD SUCHMAN, SIDNEY	3.1 TITLE	D ABBOTT, LARRY
NAME	6530 KENDALE LAKES DR., VILLA 1303	3.2 NAME	6818 KENDALE LAKES DR., VILLA 806
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	MIAMI, FL 33183
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D GIRALDEZ, SERGIO	4.1 TITLE	
NAME	6502 KENDALE LAKES DR VILLA 205	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD RAPP, NORMAN	5.1 TITLE	
NAME	6504 KENDALE LAKES DR., VILLA 406	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D VARELA, DONNA	6.1 TITLE	
NAME	6518 KENDAL LAKES DR VILLA 808	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ DATE: 2-21-96

CR2E037 (12/95)