## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 737236

(0)

<ol> <li>Corporation</li> </ol>	n Name	(0)					
VILLAS	CONDOMINIUM, INC.				[		
1166/10					A SHALIN THRONG MEND ARRIVA COMMON SURFI	ON BIAN BIAN B	OU BOOK BLOK BLAKE HOOK
							41 <b>3</b> 111 <b>3</b> 14   1.811 1.81
Principal Place of Business Mailing Address					I COMPANIATE SANDO TITLI TRACIO CARDE VALID	UIH GIDH DIWN DI	AN DIBN ENDN BIEN IBBN
6514 KENDALE LAKES DRIVE C/O THE CONTINENTAL ( MIAMI FL 33183-1822 12079 SW 131 AVE MIAMI FL 33186			L GROUP				
		MIAMI EL 33100			3. Date Incorporated or Qualified	II	of Last Report
					11/05/1976	01,	/30/1995
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
		26 Suite Apt # etc			59-1699832		Not Applicable
22	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	_ <b>\</b>	8.75 Additional
City & State City & State			<del></del>		E Staation Communication		Fee Required
23		28		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		This corporation has liability for in	stannible tay u	
24	25	29	30			Tes □ No	
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent			10. Name and Address of New Re	gistered Age	nt
			81 Na	ame			
BARNET, LIONET				rect Addres	ss (P.O. Box Number is Not Acceptable	a)	
3191 CORAL WAY			<b>82</b> St			~1	
SUITE 506			83				
CORAL GABLES FL 33145			B4 Cit				S Zip Code
<ol> <li>Pursuant to or register</li> </ol>	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid	and 617.1508, Florida Statute la. Such change was authorize	s, the above-name	ed corporation's board	tion submits this statement for the purp of directors. I hereby accept the appoi	lose of changi	ng its registered office
familiar wit	th, and accept the obligations of, Secti	on 617.0503, Florida Statutes.	,		or an obtain the roby accept the appoint	mirrorit do rog	storod agent. Fam
SIGNATURE	Signature, typed or printed name of registered agent						
12.	OFFICERS AND		E: Registered Agent sign:	ature required v	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIE	RECTORS IN 12
TITLE	SD	DELETE	1.1 TITLE	D	7.0011101101011111111111111111111111111		hange R Addition
NAME	RICCARDI, JEAN		1.2 NAME	-	AY CHRISTENSEN		<b>LE</b>
STREET ADDRESS	6530 KENDALE LAKES DR, VI	1.3 STREET ADOR	3 STREET ADDRESS 6500 KENDALE LAKES DR., VILLA 1			VII.I.A 106	
CITY - ST - ZIP	MIAMI FL		1.4 CITY - ST - ZIP		AMI, FL 33183	DI.	VIDERI 100
TITLE	D	DELETE	2.1 TITLE	PE		<b>X</b> C	hange 🔲 Addition
NAME	abbott, robert		2.2 NAME		BBOTT, ROBERT		
STREET ADDRESS	6512 KENDALE LAKES DR., V	2.3 STREET ADDR		12 KENDALE LAKES	DR.	VILLA 902	
CITY-ST-ZIP	MIAMI FL		2 4 CHY-ST-ZIF		AMI, FL 33183	,	
TITLE	TD	DELETE	3.1 TITLE	D	· · · · · · · · · · · · · · · · · · ·	C	hange 🔣 Addition
NAME	SUCHMAN, SIDNEY		3.2 NAME		BOTT, LARRY		
STREET ADDRESS	TOO THE PER DINES DIN, HEDT 1000			ESS 68	18 KENDALE LAKES	DR.	VILLA 806
CITY-ST-ZIP	MIAMI FL	FT2 p.r. ere	3 4. C(TY - ST - Z)F	MĬ	18 KENDALE LAKES AMI, FL 33183		
TITLE	D	DELETE	4.1 TITLE			□c	hange 🔲 Addition
NAME	GIRALDEZ, SERGIO	1.5.000	4. 2 NAME				
STREET ADDRESS	6502 KENDALE LAKES DR VII	LA 205	4.3 STREET ADDR				
CITY-ST-ZIP TITLE	MIAMI FL	DELETE	4.4 CITY - ST - ZIP				
NAME	PD DADD MODMAN	in the second se	5.1 TITLE			□ c	hange 🔲 Addition
STREET ADDRESS	RAPP, NORMAN	11 1 A ADE	5.2 NAME				
CITY-ST-ZIP	6504 KENDALE LAKES DR., V MIAMI FL	ILLA 400	5.3 STREET ADDR				
TITLE	D MIAMI FL	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE				hange Addition
NAME	VARELA, DONNA		6.2 NAME				ing 180 The Million
STREET ADDRESS	6518 KENDAL LAKES DR VILL	A ROR	6.3 STREET ADDR	FSS			
CITY-ST-ZIP	MIAMI FL	JA VVV	6.4 CITY - ST-ZIP				
44 1 1 1	TIM WILL L	T	0.4 01111-01-215				

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 change?, or on an attachment with an address.

SIGNATURE: \_

SMINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96 Date

Daytime Phone #