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FILED

Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 33186-6475

3. Date Incorporated or Qualified 11/05/1976
3a. Date of Last Report 03/01/1996

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number 59-1699832
Applied For Not Applicable

22 Suite, Apt. #, etc. 27
5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 30
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, LIONEL
9100 S. DADELAND BLVD., #404
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name SKRLD, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle
83 Suite 1102
84 City Coral Gables, FL 85 Zip Code 33134

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 SKRLD, Inc. by *Lionel Barnett*, Secretary 1/22/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | SD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RICCARDI, JEAN | 1.2 NAME | D ABBOTT, LARRY |
| STREET ADDRESS | 6530 KENDALE LAKES DR, VILLA 1302 | 1.3 STREET ADDRESS | 6818 KENDALE LAKES DR, VILLA 806 |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | MIAMI FL |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ABBOTT, ROBERT | 2.2 NAME | BARRY, JIM |
| STREET ADDRESS | 6512 KENDALE LAKES DR., VILLA 902 | 2.3 STREET ADDRESS | 6502 KENDALE LAKES DR, VILLA 207 |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | MIAMI, FL 33183 |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SUCHMAN, SIDNEY | 3.2 NAME | |
| STREET ADDRESS | 6530 KENDALE LAKES DR., VILLA 1303 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIRALDEZ, SERGIO | 4.2 NAME | |
| STREET ADDRESS | 6502 KENDALE LAKES DR VILLA 205 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRISTENSEN, RAY | 5.2 NAME | |
| STREET ADDRESS | 6500 KENDALE LAKE DRIVE VILLA 106 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VARELA, DONNA | 6.2 NAME | |
| STREET ADDRESS | 6518 KENDAL LAKES DR VILLA 808 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 6.4 CITY-ST-ZIP | |

14. I do 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: *[Signature]* 2-19-97 255-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027931

CR2E037 (9/96)