

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 # 744716 (2)

1. Corporation Name
MODERN VILLAS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
166 SPARROW DRIVE ROYAL PALM BEACH FL 33411



3. Date Incorporated or Qualified **10/26/1978** 3a. Date of Last Report **04/12/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-0686296	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MOORE, RUTH A. 166 SPARROW DR #7B ROYAL PALM BEACH FL 33411		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
		85. Zip Code	

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 *Ruth A. Moore* 2/25/96
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent Signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANE, RICHARD E.	1.2 NAME	Dorothy Wilcox
STREET ADDRESS	166 SPARROW DR #7A	1.3 STREET ADDRESS	166 Sparrow Dr., #7-C
CITY-ST-ZIP	ROYAL PALM BEACH FL	1.4 CITY-ST-ZIP	Royal Palm Bch., FL 33411
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHERSON, LLEWELLYN	2.2 NAME	Nancy L. Brown
STREET ADDRESS	166 SPARROW DRIVE, 3-B	2.3 STREET ADDRESS	166 Sparrow Dr., #5-A
CITY-ST-ZIP	ROYAL PALM BEACH FL	2.4 CITY-ST-ZIP	Royal Palm Bch., FL 33411
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SASSER, GLORIA	3.2 NAME	Melinda Driggers
STREET ADDRESS	166 SPARROW DR #5B	3.3 STREET ADDRESS	166 Sparrow Dr., #4-C
CITY-ST-ZIP	ROYAL PALM BCH FL	3.4 CITY-ST-ZIP	Royal Palm Bch., FL 33411
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, RUTH A.	4.2 NAME	Roger Simpson
STREET ADDRESS	166 SPARROW DR #7B	4.3 STREET ADDRESS	166 Sparrow Dr., #7-D
CITY-ST-ZIP	ROYAL PALM BCH FL	4.4 CITY-ST-ZIP	Royal Palm Bch., FL 33411
TITLE	DD <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALLOT, VIOLET	5.2 NAME	Vivian Ferrin
STREET ADDRESS	166 SPARROW DR #2A	5.3 STREET ADDRESS	188 Natchez Trace
CITY-ST-ZIP	ROYAL PALM BCH FL	5.4 CITY-ST-ZIP	Royal Palm Bch., FL 33411
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	REED, HOLLY	6.2 NAME	
STREET ADDRESS	166 SPARROW DR #3A	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL	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: *Nancy L. Brown* 2/25/96 (407) 683-6266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # EXT 311

CR2E037 (12/95)