

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 744716 (2)**  
1. Corporation Name  
**MODERN VILLAS HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>166 SPARROW DRIVE ROYAL PALM BEACH FL 33411</b>	Mailing Address <b>166 SPARROW DRIVE ROYAL PALM BEACH FL 33411-1682</b>
---	--

3. Date Incorporated or Qualified <b>10/26/1978</b>	3a. Date of Last Report <b>02/29/1996</b>
4. FEI Number <b>59-0686296</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**MOORE, RUTH A.  
166 SPARROW DR  
#7B  
ROYAL PALM BEACH FL 33411**

**10. Name and Address of New Registered Agent**

81. Name <b>Nancy L. Brown</b>	
82. Street Address (P.O. Box Number is Not Acceptable) <b>166 Sparrow Dr.</b>	
83. # <b>#5-A</b>	
84. City <b>Royal Palm Beach</b>	85. Zip Code <b>FL 33411</b>

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 *Nancy L. Brown* **Nancy L. Brown** **4/2/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILCOX, DOROTHY	
STREET ADDRESS	166 SPARROW DR #7-C	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWN, NANCY L.	
STREET ADDRESS	166 SPARROS DE #5-A	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SASSER, GLORIA	
STREET ADDRESS	166 SPARROW DR #5B	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, RUTH A.	
STREET ADDRESS	166 SPARROW DR #7B	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	MALLOT, VIOLET	
STREET ADDRESS	166 SPARROW DR #2A	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DRIGGERS, MELINDA	
STREET ADDRESS	166 SPARROW DR #4-C	
CITY-ST-ZIP	ROYAL PALM BCH FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ferrin, Vivian	
1.3 STREET ADDRESS	188 Natchez Trace	
1.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stepherson, Llewellyn	
2.3 STREET ADDRESS	166 Sparrow Dr., #3-B	
2.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kane, Doris	
3.3 STREET ADDRESS	166 Sparrow Dr., #7-A	
3.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DiFrancesco, Holly	
4.3 STREET ADDRESS	166 Sparrow Dr., #3-A	
4.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

CP2E037 (9/96)