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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744716 (2)
 1. Corporation Name
MODERN VILLAS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 166 SPARROW DRIVE ROYAL PALM BEACH FL 33411	Mailing Address 166 SPARROW DRIVE ROYAL PALM BEACH FL 33411
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3. Date Incorporated or Qualified 10/26/1978	
4. FEI Number 59-0686296	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

BROWN, NANCY L
166 SPARROW DR
5-A
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name **Stella Markley**

82 Street Address (P.O. Box Number is Not Acceptable)
166 Sparrow Dr.

83

84 City **Royal Palm Beach** **FL** **85 Zip Code** **33411**

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 *[Signature]* **Stella R. Markley, President** **3/3/98**
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 PD	FERRIN, VIVIAN	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME Ferrin, Vivian	
STREET ADDRESS 188 NATCHEZ TRACE		1.3 STREET ADDRESS 188 Natchez Trace	
CITY-ST-ZIP ROYAL PALM BEACH FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Royal Palm Beach, FL 33411	
TITLE TD	BROWN, NANCY L.	2.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Markley, Stella R.	
STREET ADDRESS 166 SPARROS DE #5-A		2.3 STREET ADDRESS 166 Sparrow Dr., #4-B	
CITY-ST-ZIP ROYAL PALM BEACH FL	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP Royal Palm Beach, FL 33411	
TITLE D	SASSER, GLORIA	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Ruiz, Fotoula	
STREET ADDRESS 166 SPARROW DR #5B		3.3 STREET ADDRESS 166 Sparrow Dr., #7-A	
CITY-ST-ZIP ROYAL PALM BCH FL	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP Royal Palm Beach, FL 33411	
TITLE VD	STEPHERSON, LLEWELLYN	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME Stepherson, Llewellyn	
STREET ADDRESS 166 SPARROW DR 3-B		4.3 STREET ADDRESS 166 Sparrow Dr., #3-B	
CITY-ST-ZIP ROYAL PALM BCH FL	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP Royal Palm Beach, FL 33411	
TITLE D	KANE, DORIS	5.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Simpson, Roger	
STREET ADDRESS 166 SPARROW DR 7-A		5.3 STREET ADDRESS 166 Sparrow Dr., #7-D	
CITY-ST-ZIP ROYAL PALM BCH FL	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP Royal Palm Beach, FL 33411	
TITLE S	DIFRANCESCO, HOLLY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS 166 SPARROW DR 3-A		6.3 STREET ADDRESS	
CITY-ST-ZIP ROYAL PALM BCH FL	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. I 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]* **Stella R. Markley** **3/3/98** **(561)795-9650**

CP2E037 (10/97)