FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 12 PM 11:58

DOCUMENT # **745173** **(5)**

1. Corporation Name
THE VILLAS-LAKES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1590 HIATUS ROAD PEMBROKE PINES FL 33026	1590 HIATUS ROAD PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1978
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-1903157 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	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

NACHMAN, IRVIN W.
4441 STIRLING ROAD
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	P/D	☐ Change ☐ Addition
NAME	~~PERTIERRA, SUSAN~~	12 NAME	KEIL, MEL	
STREET ADDRESS	~~11311 NW 15TH PLACE~~	13 STREET ADDRESS	11234 NW 14TH COURT	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~	14 CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	~~VD~~	21 TITLE	V/D	☐ Change ☐ Addition
NAME	~~EDELSTEIN, MIKE~~	22 NAME	REICHERT, AMY	
STREET ADDRESS	~~1460 NW 112 WAY~~	23 STREET ADDRESS	1624 NW 113TH WAY	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~	24 CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	~~SD~~	31 TITLE	S/D	☐ Change ☐ Addition
NAME	~~STEMMERMAN, JANET~~	32 NAME	KLEIN-WURMSER, ETHEL E.	
STREET ADDRESS	~~11316 NW 14TH COURT~~	33 STREET ADDRESS	11371 NW 16TH STREET	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~	34 CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	TD	41 TITLE	D	☐ Change ☐ Addition
NAME	LEHTONEN, LARRY	42 NAME	FOLAND, RANDY	
STREET ADDRESS	1519 NW 113TH WAY	43 STREET ADDRESS	11276 NW 14TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	44 CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	~~D~~	51 TITLE	D	☐ Change ☐ Addition
NAME	~~BOYAJIAN, LARRY~~	52 NAME	BOYAJIAN, H.M.	
STREET ADDRESS	~~1478 NW 113TH WAY~~	53 STREET ADDRESS	1478 NW 113TH WAY	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~	54 CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	~~D~~	61 TITLE		☐ Change ☐ Addition
NAME	~~KEIL, MEL~~	62 NAME		
STREET ADDRESS	~~11234 NW 14TH COURT~~	63 STREET ADDRESS		
CITY-ST-ZIP	~~PEMBROKE PINES FL~~	64 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)(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] DIRECTOR 4/6/95 (305) 435-5854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038484