FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 745173

(5)

THE VILLAS-LAKES ASSOCIATION, INC.						
Principal Place of Business Mailing Address					1881 MINIT BINE NINS NINI NATURA NINI NINI	
1590 HIATUS ROAD 1590 HIATUS ROAD PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026		3026				
					 Date Incorporated or Qualified 12/11/1978 	3a. Date of Last Report 04/12/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26		26			59-1903157	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ '		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Catal & State		City & State			C Firsting Committee Financian	
¬ ´ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		28	my & State		Election Campaign Financing Trust Fund Contribution	□ \$5.00 May Be Added to Fees
23 Zip			Country		This corporation has liability for in	
24	25	29	30			Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent
			81	Name		
NACHMAN, IRVIN W.			82	Street A	ddress (P.O. Box Number is Not Acceptable	e)
	IRLING ROAD		83			
FI. LAUL	DERDALE FL 33314	•				
			84	City		FL 85 Zip Code
or register familiar wit SIGNATURE	o the provisions of Sections 817.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Secti Signature, types or princed name of registered agent.	ia: Such change was authorize on 617.0503, Florida Statutes.	ed by the corp	oration's b	poration submits this statement for the purp oard of directors. I hereby accept the appo	ose of changing its registered office intment as registered agent. I am
12.	OFFICERS AND		13.	- Carly Country (1)	ADDITIONS CHANGES TO OFFI	
TITLE	PD	DELETE			TD	Change Maddition
NAME	KEIL, MEL				LEHTONEN, L.A.	
STREET ADDRESS	11234 NW 14TH COURT		13 STREET	ADDRESS	1519 NW 113TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL		14 CHY+5	ST-ZIP	PEMBROKE PINES FL	33026
TITLE	VD	VD DELETE			D	Change 🔀 Addition
NAME	REICHERT, AMY		2 2 NAME		BOGNER, ANNE	
STREET ADDRESS	1624 NW 113TH WAY		2.3 STREET	ADDRESS	11290 NW 16TH COUR	
CITY - ST - ZIP	PEMBROKE PINES FL		2 4 C(1) Y -	ST-7IP	PEMBROKE PINES FL	33026
TITLE	SO PETER F		3.1 THTLE		D GOODMAN TEEEDEY	Change 🔀 Addition
NAME	KELIN-WURMSER, ETHEL E		3 2 NAME	, Longson	GOODMAN, JEFFREY 1576 NW 113TH WAY	
STREET ADDRESS	11371 NW 16TH STREET PEMBROKE PINES FL		3 3 STREET	1	PEMBROKE PINES FL	33026
CITY - ST - ZIP TITLE	D D	™ DELETE	3.4. CITY - 4.1 TITLE	\$1 - ZIP	SD SD	Change Addition
NAME	POLAND, RANDY	Z vicini	4 2 NAME	i	FOLAND, RANDY	,
STREET ADDRESS	11276 NW 14TH COURT			ADDRESS	11276 NW 14TH COUR	₹Т
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 GITY-5		PEMBROKE PINES FL	` ¹ 33026
TITLE	D	DELFTE	5 1 TITLE	-		Change Addition
NAME	BOYAJIAN, H. M.	_	5 2 NAME			
STREET ADDRESS	1478 NW 113TH WAY			T ADORESS		
CITY-ST-ZIP	PEMBROKE PINES FL		5 4 CITY-			
TIFLE	D DELETE		61 TILLE			Change Addition
NAME	KEIL, MEL	- -	6.2 NAME			
STREET ADDRESS	11234 NW 14TH COURT		63 STREE	T ADDRESS		
CiTY-ST-ZiP	PEMBROKE PINES 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 changes, or or all attributional viith an address.

SIGNATURE: __

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/96

(954) 435-5854

Daytime Phone #

CR2E037 (12/95)