

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 21 1997 8:00am  
Secretary of State

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

**DOCUMENT # 745173 (5)**  
 1. Corporation Name  
**THE VILLAS-LAKES ASSOCIATION, INC.**



|                                                                                    |                                                                             |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>1590 HIATUS ROAD<br/>PEMBROKE PINES FL 33026</b> | Mailing Address<br><b>1590 HIATUS ROAD<br/>PEMBROKE PINES FL 33026-2626</b> |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/11/1978</b> | 3a. Date of Last Report<br><b>04/02/1996</b> |
|--------------------------------------------------------|----------------------------------------------|

|                                                                                                     |                                                                                          |                                                                                                                          |                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>26 City & State<br>27 Zip<br>28 Country | 4. FEI Number<br><b>59-1903157</b><br>Applied For<br><input type="checkbox"/> Not Applicable                             | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                             |
|                                                                                                     |                                                                                          | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

|         |                                                       |    |           |             |
|---------|-------------------------------------------------------|----|-----------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City   | 85 Zip Code |
|         |                                                       |    | <b>FL</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

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 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                             | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | KEIL, MEL                                     | 1.2 NAME                                              | SHAPIRO, HAROLD                                                                 |
| STREET ADDRESS             | 11234 NW 14TH COURT                           | 1.3 STREET ADDRESS                                    | 1514 NW 113TH WAY                                                               |
| CITY-ST-ZIP                | PEMBROKE PINES FL                             | 1.4 CITY-ST-ZIP                                       | PEMBROKE PINES FL 33026                                                         |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE                                             | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | REICHERT, AMY                                 | 2.2 NAME                                              | KLEIN-WURMSER, ETHEL                                                            |
| STREET ADDRESS             | 1624 NW 113TH WAY                             | 2.3 STREET ADDRESS                                    | 11371 NW 16TH STREET                                                            |
| CITY-ST-ZIP                | PEMBROKE PINES FL                             | 2.4 CITY-ST-ZIP                                       | PEMBROKE PINES FL 33026                                                         |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  | 3.1 TITLE                                             | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | GOODMAN, JEFFREY                              | 3.2 NAME                                              | BOGNER, ANNE                                                                    |
| STREET ADDRESS             | 1576 NE 113TH WAY                             | 3.3 STREET ADDRESS                                    | 11290 NW 16TH COURT                                                             |
| CITY-ST-ZIP                | PEMBROKE PINES FL                             | 3.4 CITY-ST-ZIP                                       | PEMBROKE PINES FL 33026                                                         |
| TITLE                      | SD <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FOLAND, RANDY                                 | 4.2 NAME                                              | FOLAND, RANDY                                                                   |
| STREET ADDRESS             | 11276 NW 14TH COURT                           | 4.3 STREET ADDRESS                                    | 11276 NW 14TH COURT                                                             |
| CITY-ST-ZIP                | PEMBROKE PINES FL                             | 4.4 CITY-ST-ZIP                                       | PEMBROKE PINES FL 33026                                                         |
| TITLE                      | D <input type="checkbox"/> DELETE             | 5.1 TITLE                                             | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | BOYAJIAN, H. M                                | 5.2 NAME                                              | SCHENK, HERBERT                                                                 |
| STREET ADDRESS             | 1478 NW 113TH WAY                             | 5.3 STREET ADDRESS                                    | 11361 NW 15TH COURT                                                             |
| CITY-ST-ZIP                | PEMBROKE PINES FL                             | 5.4 CITY-ST-ZIP                                       | PEMBROKE PINES FL 33026                                                         |
| TITLE                      | TD <input type="checkbox"/> DELETE            | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | LEHTONEN, L.A.                                | 6.2 NAME                                              |                                                                                 |
| STREET ADDRESS             | 1519 NW 113TH WAY                             | 6.3 STREET ADDRESS                                    |                                                                                 |
| CITY-ST-ZIP                | PEMBROKE PINES FL                             | 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.

SIGNATURE:  HAROLD SHAPIRO

4/2/97 (954) 435 5854

CP2E037 (9/96)