

FILE NOW: FILING FEE IS \$61.25

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Mar 23 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 # **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**



3. Date Incorporated or Qualified

12/11/1978

4. FEI Number

59-1903157

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

FL

85 Zip Code

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAPIRO, HAROLD	
STREET ADDRESS	1514 NW 113 WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KLEIN-WURMSER, ETHEL	
STREET ADDRESS	11371 NW 16 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOONE, ANNE	
STREET ADDRESS	11290 NW 16 CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FOLAND, RANDY	
STREET ADDRESS	11276 NW 14TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYAJIAN, H. M	
STREET ADDRESS	1478 NW 113TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEHTONEN, L.A.	
STREET ADDRESS	1519 NW 113TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MERCIERI, ANGELO	
1.3 STREET ADDRESS	1521 NW 113 WAY	
1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33026	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICE, JOHN	
2.3 STREET ADDRESS	11313 NW 15 STREET	
2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33026	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: 

3/10/98

(954) 435-5854

CR2E037 (10/97)