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**Apr 14, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 745173**

1. Corporation Name

**THE VILLAS-LAKES ASSOCIATION, INC.**

Principal Place of Business  
1590 HIATUS ROAD  
PEMBROKE PINES FL 33026

Mailing Address  
1590 HIATUS ROAD  
PEMBROKE PINES FL 33026



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/11/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-1903157

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **SHAPIRO, HAROLD**  
STREET ADDRESS **1514 NW 113 WAY**  
CITY-ST-ZIP **PEMBROKE PINES FL**

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **SHAPIRO, HAROLD**  
1.3 STREET ADDRESS **1514 NW 113 Way**  
1.4 CITY-ST-ZIP **Pembroke Pines, FL 33026**

TITLE **SD** ☐ DELETE  
NAME **KLEIN-WURMSER, ETHEL**  
STREET ADDRESS **11371 NW 16 ST**  
CITY-ST-ZIP **PEMBROKE PINES FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MERCIERI, ANGELO**  
STREET ADDRESS **1521 NW 113 WAY**  
CITY-ST-ZIP **PEMBORKE PINES FL 33026**

3.1 TITLE **V/D** ☒ Change ☐ Addition  
3.2 NAME **MERCIERI, ANGELO**  
3.3 STREET ADDRESS **1521 NW 113 Way**  
3.4 CITY-ST-ZIP **Pembroke Pines, FL 33026**

TITLE **VD** ☐ DELETE  
NAME **FOLAND, RANDY**  
STREET ADDRESS **11276 NW 14TH COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL**

4.1 TITLE **P/D** ☒ Change ☐ Addition  
4.2 NAME **FOLAND, RANDY**  
4.3 STREET ADDRESS **11276 NW 14 Court**  
4.4 CITY-ST-ZIP **Pembroke Pines, FL 33026**

TITLE **D** ☒ DELETE  
NAME **BOYAJIAN, H. M.**  
STREET ADDRESS **1470 NW 113TH WAY**  
CITY-ST-ZIP **PEMBROKE PINES FL**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **MILLS, DIANNE Y.**  
5.3 STREET ADDRESS **1516 NW 113 Way**  
5.4 CITY-ST-ZIP **Pembroke Pines, FL 33026**

TITLE **TD** ☐ DELETE  
NAME **LEHTONEN, L.A.**  
STREET ADDRESS **1519 NW 113TH WAY**  
CITY-ST-ZIP **PEMBROKE PINES FL**

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

**RANDY FOLAND**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/99 (954) 435-5854**  
Date Daytime Phone #

CR2E037 (11/98)