

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745173

1. Entity Name

THE VILLAS-LAKES ASSOCIATION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90080 001 *****8.75

04-18-2000 90080 002 *****61.25

Principal Place of Business	Mailing Address
1590 HIATUS ROAD PEMBROKE PINES FL 33026	1590 HIATUS ROAD PEMBROKE PINES FL 33026-2626

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-1903157	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NACHMAN, IRVIN W. 4441 STIRLING ROAD FT. LAUDERDALE FL 33314

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SHAPIRO, HAROLD
STREET ADDRESS	1514 NW 113 WAY
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	SD <input type="checkbox"/> Delete
NAME	KLEIN-WURMSER, ETHEL
STREET ADDRESS	11371 NW 16 ST.
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	VD <input type="checkbox"/> Delete
NAME	MERCIERI, ANGELO
STREET ADDRESS	1521 NW 113 WAY
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	PD <input type="checkbox"/> Delete
NAME	FOLAND, RANDY
STREET ADDRESS	11276 NW 14TH COURT
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	D <input type="checkbox"/> Delete
NAME	MILLS, DIANNE Y
STREET ADDRESS	1516 NW 113 WAY
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	TD <input type="checkbox"/> Delete
NAME	LEHTONEN, L.A.
STREET ADDRESS	1519 NW 113TH WAY
CITY-ST-ZIP	PEMBROKE PINES FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Biorge, Linda
STREET ADDRESS	11240 NW 14 Court
CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mills, Dianne Y.
STREET ADDRESS	1516 NW 113 Way
CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lehtonen, L.A.
STREET ADDRESS	1519 NW 113 Way
CITY-ST-ZIP	Pembroke Pines, FL 33026

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDY FOLAND 4/5/00 (954) 435-5854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH2E037 (9/99)