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May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745481** **(2)**

1. Corporation Name

VERSAILLES VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1845 N W 4TH AVENUE BOCA RATON FL 33432	1845 N W 4TH AVENUE STE 23 BOCA RATON FL 33432-1544 US

3. Date Incorporated or Qualified: 01/08/1979
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1908375 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WATERS, CAROL
1845 NW 4TH AVE
STE 23
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WATERS, CAROL		1.2 NAME		
STREET ADDRESS	1845 NW 4TH AVE 23		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☑ DELETE	2.1 TITLE	DVP	☑ Change ☑ Addition
NAME	ALBANO, SALLY		2.2 NAME	JOHN FERREIRO	
STREET ADDRESS	1845 NW 4TH AVE 20		2.3 STREET ADDRESS	1945 N.W. 4TH AVE #40	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	BOCA RATON, FL. 33432	
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, VALERIE		3.2 NAME		
STREET ADDRESS	1845 NW 4TH AVE #25		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		3.4 CITY-ST-ZIP		
TITLE	DT	☑ DELETE	4.1 TITLE	DT	☑ Change ☑ Addition
NAME	WHITE, RICHARD		4.2 NAME	CONNOR TJARKS	
STREET ADDRESS	1845 NW 4TH AVE 15		4.3 STREET ADDRESS	1945 N.W. 4TH AVE #29	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	BOCA RATON, FL. 33432	
TITLE	DS	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	SAWYER, TOM		5.2 NAME		
STREET ADDRESS	1845 NW 4TH AVE 22		5.3 STREET ADDRESS	725 TALLADEGA STREET	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33405	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: SIGNATURE Carol Waters 4/21/97 561-393-6132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — CAROL WATERS — Date — Daytime Phone # 0038976