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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **745481**

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 BOCA RATON FL 33432

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/08/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1908375 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~NEWMANA, THOMAS~~
~~1845 N W 4TH AVENUE~~
~~BOCA RATON FL 33432~~

10. Name and Address of New Registered Agent

81 Name GEORGE DEL VECCHIO
82 Street Address (P.O. Box Number is Not Acceptable)
83 1745 NW 4TH AVE #5
84 City BOCA RATON FL 85 Zip Code 33432

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 _____ GEORGE DEL VECCHIO, PRESIDENT 4/19/99
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	~~DP~~	☒ DELETE	1.1 TITLE	JOHN FERREIRA DVP	☐ Change ☒ Addition
NAME	~~NEWMAN, THOMAS~~		1.2 NAME		
STREET ADDRESS	~~1845 NW 4TH AVE 19~~		1.3 STREET ADDRESS	1945 NW 4TH AVE. #40	
CITY-ST-ZIP	~~BOCA RATON FL~~		1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	~~DVP~~ & DP	☐ DELETE	2.1 TITLE	BARBARA MCCABE DS	☐ Change ☒ Addition
NAME	VECCHIO, GEORGE D		2.2 NAME		
STREET ADDRESS	1745 NW 4TH AVE #5		2.3 STREET ADDRESS	1845 NW 4TH AVE. #28	
CITY-ST-ZIP	BOCA RATON FL 33432		2.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FURGUIELE, ANTHONY		3.2 NAME		
STREET ADDRESS	1200 SW 5TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LARGAESPADA, BERNARDO		4. 2 NAME		
STREET ADDRESS	1745 NW 4TH AVE #8		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		4.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCLIN, MAXINE		5.2 NAME		
STREET ADDRESS	1845 N W 4TH AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		5.4 CITY-ST-ZIP		
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 (11/98)

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: ~~SIGNATURE REQUIRED~~ 4/19/99 561-241-8311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GEORGE DEL VECCHIO X 1970