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REGISTRY OF STATE CORPORATIONS

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

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

**DOCUMENT # 748881**  
1. Corporation Name  
**THE VILLAGER CONDOMINIUM ASSOCIATION OF FORT LAUDERDALE, INC.**

Principal Place of Business: 4658 BOUGAINVILLE DRIVE LAUDERDALE-BY-THE-SEA FL 33308  
Mailing Address: 4658 BOUGAINVILLE DRIVE LAUDERDALE-BY-THE-SEA FL 33308

5/10/99 9099/046 \$61.25

21	2. Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FBI Number
23	City & State	28	City & State		Applied For
24	Zip	29	Country	65-0033186	Not Applicable
25	Country	30	Country	5.	Certificate of Status Desired
			8. Election Campaign Financing Trust Fund Contribution		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
MINIBS, JAN 700 BRINY AVE. POMPANO BEACH FL 33062				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	STD Angelo Abate
NAME	KNIGHT, BOBBY	1.2 NAME	4658 Bougainville Dr, # 52
STREET ADDRESS	4658 BOUGAINVILLE DRIVE #54	1.3 STREET ADDRESS	Laud-By-The-Sea, FL 33308
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	COLLINS, PATRICIA	2.2 NAME	
STREET ADDRESS	209 N. RIVERSIDE DR. #308	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	2.4 CITY-ST-ZIP	
TITLE	SO	3.1 TITLE	
NAME	RITACCO, FREDRICK	3.2 NAME	
STREET ADDRESS	2011 NW 60 TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063	3.4 CITY-ST-ZIP	
TITLE	TP	4.1 TITLE	
NAME	PEMBERTON, JOE	4.2 NAME	
STREET ADDRESS	4229-A AMERICAN DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC 27705	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 empowerments.

SIGNATURE: SIGNATURE REQUIRED *Bobby Knight* 5/9/99

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

CR2E037 (11/98)

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