FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760475 (4)

1. Corporation Name

VERSAILLES GARDENS CONDOMINIUM ASSOCATION, INC.

Principal Place of Business	Mailing Address
8051 COLONY CIRCLE. SOUTH TAMARAC FL 33321	8040 FAIRVIEW DRIVE TAMARAC FL 33321 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1981	3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-2778366	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 8001 Colony Circle No	26 8001 Colony Circle No
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Tamarac, Florida	City & State: 28 Tamarac, Florida
Zip: 24 33321 Country: 25 US	Zip: 29 33321 Country: 30 US

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DWIGHT GEER-SUNVEST MANAGEMENT 7100 S. STATE ROAD 7 #100 MARGATE FL 33068	81 Name: Fred Chakhtoura, President 82 Street Address (P.O. Box Number is Not Acceptable): 8001 Colony Circle North 83 84 City: Tamarac FL 85 Zip Code: 33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ President 3/3/95
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	1.1 TITLE	Director President	☒ Change ☐ Addition
NAME	HERBERT B. SPOLAN	1.2 NAME	Fred Chakhtoura	
STREET ADDRESS	9884 N.W. 18TH STREET	1.3 STREET ADDRESS	7911 Colony CircleN	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	Tamarac, Fl. 33321	
TITLE	DVP	2.1 TITLE	director Vice-President	☒ Change ☐ Addition
NAME	FADI CHAKHTOURA	2.2 NAME	Carmina Marrone	
STREET ADDRESS	7911 COLONY CR. SO. #201	2.3 STREET ADDRESS	8040 Colony Circle North	
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	Tamarac, Fl 33321	
TITLE	DT	3.1 TITLE	Director Treasurer	☒ Change ☐ Addition
NAME	JOHN STEIN	3.2 NAME		
STREET ADDRESS	7911 COLONY CR. SO. #201	3.3 STREET ADDRESS	7911 Colony CircleN.	
CITY-ST-ZIP	TAMARAC FL 33321	3.4 CITY-ST-ZIP	Tamarac, Fl. 33321	
TITLE	DS	4.1 TITLE	Director Secretary	☒ Change ☐ Addition
NAME	JOAN C. MALONE	4.2 NAME	Annette Dubner	
STREET ADDRESS	8000 COLONY CR. S. #109.	4.3 STREET ADDRESS	755 Mandarian Drive	
CITY-ST-ZIP	TAMARAC FL 33321	4.4 CITY-ST-ZIP	Boca Raton, Fl 33433	
TITLE	D	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	WILLIAM BEANE	5.2 NAME	Randy Seeman	
STREET ADDRESS	8060 FAIRVIEW DR. #209	5.3 STREET ADDRESS	7900 Fairview Drive	
CITY-ST-ZIP	TAMARAC FL 33321	5.4 CITY-ST-ZIP	Tamarac, Fl 33321	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Fred Chakhtoura 3/30/95 305-722-5688
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #