


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766240 (6)
1. Corporation Name
VILLA REGINA ASSOCIATION, INC.

Principal Place of Business 1581 BRICKELL AVE. MIAMI FL 33129	Mailing Address 1581 BRICKELL AVE. MIAMI FL 33129
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/22/1982	
4. FEI Number 59-2248888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HAYMAN, MICHEAL
44 W REAGLER ST
14TH FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name	Micheal Hyman
82 Street Address (P.O. Box Number is Not Acceptable)	150 W. Flagler St. 27th Floor
83	
84 City	Miami, FL
85 Zip Code	33130

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

12. OFFICERS AND DIRECTORS		
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DOHERTY, RICHARD	
STREET ADDRESS	1581 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARPER, ERNEST	
STREET ADDRESS	1581 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MALDONADO, GERALD	
STREET ADDRESS	1581 BRICKELL AVE #702	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, HARVEY	
STREET ADDRESS	1581 BRICKELL AVE #T201	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CASTRO, JORGE	
STREET ADDRESS	1581 BRICKELL AVE #2003	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Doherty, Richard	
1.3 STREET ADDRESS	1581 Brickell Ave. #1703 Miami, FL 33129	
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gale, John	
2.3 STREET ADDRESS	1581 Brickell Ave. #1101 Miami, FL 33129	
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Benitez, Bartolo	
3.3 STREET ADDRESS	1581 Brickell Ave. #1106 Miami, FL 33129	
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Smith, Ron	
4.3 STREET ADDRESS	1581 Brickell Ave. #708 Miami, FL 33129	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Castro, Jorge	
5.3 STREET ADDRESS	1581 Brickell #2203 Miami, FL 33129	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: Sandra B. Mortham **SIGNATURE REQUIRED** 1/13/98 305-154-1073

CR2E037 (10/97)