## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

HI/VIL HOMZOWNERS ASSOCIATION L

Principal Place of Business Mailing Address 210 NE 51 ST ST. MIGHLAND VIllaGE Pompana Beach Florida 33064

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90280 037 \*\*\*\*61.25

2.	Principal Place of Business					-	3.	Date Incorporated or Qualifed	f or Qualifed			
21	DENERGY ST	26										
	Suite, Apt. #, etc.		Suite, Apt. #, etc.				4.	FEI Number		L	Applied For	
22		27									Not Applicable	
23	City & State	28	City & State				5.	Certificate of Status Desired			75 Additional ee Required	
24	Zip Country	29	Zíp 3	Countr	untry			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
Carol P. Kolb 210 NE 515 St.					1 2	Name Street Addre	ss (F	P.O. Box Number is Not Acceptable)				
					1		\-					
					3							
	Pompano Beach Fl		3 3067	84	4	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  Caral P. Koll.											

Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. WA 1. 7. R. 10.5 Change DELETE PRESIDENT 11 TITLE RONSUTORIUS FOM PANO BEACH : FL 33064 1.2 NAME HENRY ICESPER NAME 5008 NE 2nd AUE 1.3 STREET ADDRESS STREET ADDRESS Pompane Beach, Fl. 33064 1,4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☑ DELETE 2.1 TITLE - iq. . . . . . . . TITLE VICE PRESIDENY RON SUTORING 117 NE SIS COURT BICHARDI RUBERTSON NAME 22 NAME BOID NE 15 TER. 2.3 STREET ADORESS STREET ADDRESS POMPANO BEACH .FL 33064 PUMPANO BEACH, FL. 2. 4 CITY-ST-ZIP CITY-ST-ZIP SECRETARY/TREASURER COLL P. KOLB ☐ Addition DELFTE 3.1 TITLE Jan LYNCH 3,2 NAME NAME 209 NE 49 th COURT POMPANO BEACH, FL. 210 N.E. B15 ST 3.3 STREET ADDRESS STREET ADDRESS Pampano Beach. Fl. 33064 33064 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DIRECTOR DELETE. 4.1 TITLE TITLE FELICIA CAMPIONE 4805 NE 151 TEr. BARRY JACKSON 4 2 NAME NAME 2nd TEV. 5016 NE 4.3 STREET ADDRESS STREET ADDRESS POMPAND BOOCH, FL. 33064 POMPANE BEACH, FI. 33064 4.4 CITY-ST-ZIP CITY-ST-ZIP 2 DELETE Change ☐ Addition 5.1 TITLE TITLE DIRECTOR DOUG EBY 52 NAME HELEN HANGON NAME JOI9 NE 1ST TEL. 33014 5.3 STREET ADDRESS 490A NE 131 TEr. STREET ADDRESS POMPANO BEACH, FI. 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DIRECTUR Change ☐ Addition TITLE DALBERT PASTORE FRAN MORAN 6.2 NAME NAME 4910 NE IST TERR 204 NE 515 COURT 6.3 STREET ADDRESS STREET ADDRESS

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 trusted 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:

CITY-ST-ZIP

aral

954-481 5926

CR2E037