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Apr 30 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 # N11628 (7)
1. Corporation Name
VILLE DE CAPRI HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 961 BROKEN SOUND PKWY STE 250 BOCA RATON FL 33487 US	Mailing Address 961 BROKEN SOUND PKWY STE 250 BOCA RATON FL 33487 US
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3. Date Incorporated or Qualified 10/17/1985		
4. FEI Number 59-2707757	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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 checked="" 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 checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**MESSINGER, JOEL CA'S
951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

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 617.1508, 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	DP	<input checked="" type="checkbox"/> DELETE
NAME	LIEBERMAN, RICHARD	
STREET ADDRESS	5124 VIA DE AMALFI DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MILLER, DAVE	
STREET ADDRESS	17492 VIA CAPRI	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BUCHMAN, JEAN	
STREET ADDRESS	17362 VIA CAPRI E	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHANCER, HERBERT	
STREET ADDRESS	5092 VIA DE AMALFI DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LONDON, MEL	
STREET ADDRESS	5133 VIA DE AMALFI DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROTHCHILD, DOROTHY	
1.3 STREET ADDRESS	17517 VIA CAPRI	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MILLER, DAVE	
2.3 STREET ADDRESS	5132 VIA DE AMALFI DR.	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
3.1 TITLE	SANFORD HERSH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JILL V. A DE AMALFI DR	
3.3 STREET ADDRESS	BOCA RATON, FL. 33496	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LONDON, MEL	
5.3 STREET ADDRESS	5133 VIA DE AMALFI DR.	
5.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
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: Jean L. Buchman, Treasurer 4/13/98 561-994-1788

CR2E037 (10/97)