

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90086 037 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11628**

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/17/1985	4. FEI Number 59-2707757 Applied For 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
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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
			FL	

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	ROTHCHILD, DOROTHY	
STREET ADDRESS	17517 VIA CAPRI	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, DAVE	
STREET ADDRESS	5132 VIA DE AMALFI DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BUCHMAN, JEAN	
STREET ADDRESS	17362 VIA CAPRI E	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERSH, SANFORD	
STREET ADDRESS	5116 VIA DEAMALFI DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LONDON, MEL	
STREET ADDRESS	5133 VIA DE AMALFI DR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEVY, CHARLES	
1.3 STREET ADDRESS	5124 VIA DE AMALFI DRIVE	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: JEAN BUCHMAN DATE: 3/21/99 DAYTIME PHONE #: 561-997-6026

CR2E037 (1/198)