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 JUN 20 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N21147 (6)

1. Corporation Name
ADIOS VILLAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~% COMMUNITY ADVANTAGE, INC.~~ ~~229 S. POMPANO PARKWAY~~ POMPANO BEACH FL 33069	~~% COMMUNITY ADVANTAGE, INC.~~ ~~229 S. POMPANO PARKWAY~~ POMPANO BEACH FL 33069

2. Principal Place of Business	2a. Mailing Address
21	26
1280 S.W. 36th Avenue • Suite #301 Pompano Beach, Florida 33069	1280 S.W. 36th Avenue • Suite #301 Pompano Beach, Florida 33069

Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified: 06/15/1987
3a. Date of Last Report: 06/03/1994
4. FEI Number: 65-0037417 ☐ 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

9. Name and Address of Current Registered Agent

TUTTLE, DORIS
1280 S.W. 36th Avenue • Suite #301
Pompano Beach, Florida 33069

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	SCHREIBER, HENRY	12 NAME	Joseph A. Gioseffi
STREET ADDRESS	229 S. POMPANO PKY.	13 STREET ADDRESS	1280 S.W. 36th Avenue • Suite #301
CITY-ST-ZIP	POMPANO BEACH FL 33069	14 CITY-ST-ZIP	Pompano Beach, Florida 33069
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	HECKLER, ALVIN	22 NAME	Robert Aziere
STREET ADDRESS	229 S. POMPANO PKY.	23 STREET ADDRESS	1280 S.W. 36th Avenue • Suite #301
CITY-ST-ZIP	POMPANO BEACH FL 33069	24 CITY-ST-ZIP	Pompano Beach, Florida 33069
TITLE	VP	31 TITLE	VP ☒ Change ☐ Addition
NAME	LIVINGSTON, GILBERT	32 NAME	Charles L. Johnson
STREET ADDRESS	229 S. POMPANO PKY.	33 STREET ADDRESS	1280 S.W. 36th Avenue • Suite #301
CITY-ST-ZIP	POMPANO BEACH FL 33069	34 CITY-ST-ZIP	Pompano Beach, Florida 33069
TITLE	SD	41 TITLE	SD ☒ Change ☐ Addition
NAME	MELEHANTON, FRANK	42 NAME	Frank Melehan
STREET ADDRESS	229 S. POMPANO PKY.	43 STREET ADDRESS	1280 S.W. 36th Avenue • Suite #301
CITY-ST-ZIP	POMPANO BEACH FL 33069	44 CITY-ST-ZIP	Pompano Beach, Florida 33069
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	LONG, RICHARD	52 NAME	
STREET ADDRESS	1280 S.W. 36th Avenue • Suite #301	53 STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, Florida 33069	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(k), 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: _____ 5/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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