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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21147

1. Corporation Name

ADIOS VILLAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1280 S.W. 36TH AVE.
 STE. 301
 POMPANO BEACH FL 33069

Mailing Address

1280 S.W. 36TH AVE.
 STE. 301
 POMPANO BEACH FL 33069



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/15/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
P.O. Box 970546		P.O. Box 970546		65-0037417	
City & State		City & State		Applied For	
Coconut Creek, FL		Coconut Creek, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
33097		33097		☐ \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
USA		USA		☐ \$5.00 May Be Added to Fees	
24		25		29	
33097		USA		30	

9. Name and Address of Current Registered Agent

KING, CATHY
~~1280 SW 36TH AVE~~ P.O. Box 970546
~~SUITE 301~~
~~POMPANO BEACH FL 33069~~ Coconut Creek, FL 33097

10. Name and Address of New Registered Agent

81 Name **KING, CATHY**
 82 Street Address (P.O. Box Number is Not Acceptable)
~~P.O. Box 970546~~
 83 **3331 NW 71st St**
 84 City **Coconut Creek** FL 85 Zip Code **33073**

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

Cathy King

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KING, CATHY	1.2 NAME	KING, CATHY
STREET ADDRESS	1280 S.W. 36TH AVE., STE. 301	1.3 STREET ADDRESS	P.O. Box 970546
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	COCONUT CREEK, FL 33097
TITLE	D	2.1 TITLE	D
NAME	REINER, JOHN	2.2 NAME	LINEAL, MYRA
STREET ADDRESS	1280 S.W. 36TH AVE., STE. 301	2.3 STREET ADDRESS	P.O. Box 970546
CITY-ST-ZIP	POMPANO BEACH FL 33069	2.4 CITY-ST-ZIP	COCONUT CREEK, FL 33097
TITLE	VPD	3.1 TITLE	VPD
NAME	RUSSELL, BRYCE	3.2 NAME	RUSSELL, BRYCE
STREET ADDRESS	1280 S.W. 36TH AVE., STE. 301	3.3 STREET ADDRESS	P.O. Box 970546
CITY-ST-ZIP	POMPANO BEACH FL 33069	3.4 CITY-ST-ZIP	COCONUT CREEK, FL 33097
TITLE	TD	4.1 TITLE	TD
NAME	PARRISH, WILLIAM	4.2 NAME	PARISH, WILLIAM
STREET ADDRESS	1280 S.W. 36TH AVE., #301	4.3 STREET ADDRESS	P.O. Box 970546
CITY-ST-ZIP	POMPANO BEACH FL 33069	4.4 CITY-ST-ZIP	COCONUT CREEK, FL 33097
TITLE	SD	5.1 TITLE	SD
NAME	JUSTICE, KAREN	5.2 NAME	JUSTICE, KAREN
STREET ADDRESS	1280 S.W. 36TH AVE., #301	5.3 STREET ADDRESS	P.O. Box 970546
CITY-ST-ZIP	POMPANO BEACH FL 33069	5.4 CITY-ST-ZIP	COCONUT CREEK, FL 33097
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Cathy King
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

954-428-0857

Daytime Phone #

CR2E037 (1/98)