

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34330** (3)

1. Corporation Name

VILLA MARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~3211 S. OCEAN BLVD.~~
3211 S. OCEAN BLVD.
HIGHLAND BEACH FL 33487-2591

~~3211 S. OCEAN BLVD.~~
3211 S. OCEAN BLVD.
HIGHLAND BEACH FL 33487-2591

3. Date Incorporated or Qualified **09/21/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0246076	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

JOHNSTONE, DOUGLAS
3211 S OCEAN BLVD
HIGHLAND BEACH FL 33487

81 Name **ARTHUR LEVINE**
82 Street Address (P.O. Box Number is Not Acceptable) **3211 S OCEAN BLVD.**
83
84 City **HIGHLAND BEACH, FL** 85 Zip Code **33487**

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 officer 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 *Arthur Levine* **4-23-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JOHNSTONE, DOUGLAS	1.1 TITLE	PD
NAME	JOHNSTONE, DOUGLAS	1.2 NAME	Arthur Levine
STREET ADDRESS	3211 S OCEAN BLVD	1.3 STREET ADDRESS	3211 S. Ocean Blvd.
CITY-ST-ZIP	HIGHLAND BEACH FL	1.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	SD	2.1 TITLE	VP D
NAME	LEVINE, ARTHUR	2.2 NAME	Rose Mazza
STREET ADDRESS	3211 S. OCEAN BEACH BLVD	2.3 STREET ADDRESS	3211 S. Ocean Blvd.
CITY-ST-ZIP	HIGHLAND BEACH FL	2.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	TD	3.1 TITLE	
NAME	PUCCI, WILLIAM	3.2 NAME	
STREET ADDRESS	3211 S OCEAN BLD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	SD
NAME	AIN, DAVID	4.2 NAME	Margie Ellenbogen
STREET ADDRESS	3211 S OCEAN BLVD	4.3 STREET ADDRESS	3211 S. Ocean Blvd.
CITY-ST-ZIP	HIGHLAND BEACH FL	4.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	D	5.1 TITLE	
NAME	COLMAN, PHILIP	5.2 NAME	
STREET ADDRESS	3211 S OCEAN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Arthur R. Levine* **4/23/96** **407-222-3054**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
56-4121-96

CR2E037 (12/95)