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FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34330 (3)
1. Corporation Name
VILLA MARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business PHILIP COLMAN 3211 S. OCEAN BLVD. HIGHLAND BEACH FL 33487-2591	Mailing Address PHILIP COLMAN 3211 S. OCEAN BLVD. HIGHLAND BEACH FL 33487-2525
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3. Date Incorporated or Qualified 09/21/1989	3a. Date of Last Report 04/27/1996
4. FEI Number 65-0246076	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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

LEVINE, ARTHUR
3211 S OCEAN BLVD
HIGHLAND BEACH 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 **FL** **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	PD	<input type="checkbox"/> DELETE
NAME	LEVINE, ARTHUR	
STREET ADDRESS	3211 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAZZA, ROSE	
STREET ADDRESS	3211 S. OCEAN BEACH BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PUCCI, WILLIAM	
STREET ADDRESS	3211 S OCEAN BLD	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ELLENBOGEN, MARGIE	
STREET ADDRESS	3211 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLMAN, PHILIP	
STREET ADDRESS	3211 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD Margie Ellenbogen
3.3 STREET ADDRESS	3211 S. Ocean Blvd.
3.4 CITY-ST-ZIP	Highland Beach, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD Stan Weiss
4.3 STREET ADDRESS	3211 S. Ocean Blvd.
4.4 CITY-ST-ZIP	Highland Beach, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Karen Viau
5.3 STREET ADDRESS	3211 S. Ocean Blvd.
5.4 CITY-ST-ZIP	Highland Beach, FL
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 do 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: *Arthur R. Levine* ARTHUR R LEVINE 4/15/97 561-222-3154

CR2E037 (9/96)