FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(7)

AVIGN	ION VILLAS CONDOMINIUN	A ASSOCIATION, INC.				1	
Principal Place of Business Mailing Address					- I IEENKOER BOU HINN HOURI GIDEN KOOON HUKA DIERK BIERK DIERK BABK DIERK BABK	ı	
C/O MR. LARRY STARR 4030 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228		C/O MR. LARRY STARR 4030 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228			3. Date Incorporated or Qualified 04/05/1990 4. FEt Number Applied For		
1					4. FEI Number Applied For S2-1735768 Not Applied For	ole	
Principal Place of Business The Principal Place of Business The Principal Place of Business		2a. Mailing Address 26			6. Certificate of Status Desired Security Securi		
Suite, Apt. #, etc.		Suite, Apt. #, etc.:	Suite, Apt. #, etc.:		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
City & State		City & State			7. Is this nonprofit corporation a homeowners association?		
23		28			☐ Yes ☐ No		
Zip 24	Country 25	Zip 29	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24:	9. Name and Address of Curre		30		10. Name and Address of New Registered Agent		
		 	81	Name			
	ARON S. VANDER WULP		82	Street Addre	ddress (P.O. Box Number is Not Acceptable)		
	SKY, MOORE & DEBOER, P.A.		83			_	
	KOMIS AVENUE SOUTH						
VENICE, 34284-8767			84	City	FL 85 Zip Code	_	
11. Pursuant office or r agent. I a	to the provisions of Sections 617.050 registered agent, or both, in the State of familiar with, and accept the oblig	02 and 617.1508, Florida Statut 3 of Florida. Such change was 3 ations of, Section 617.0503, Fl	tes, the above- authorized by lorida Statutes.	-named corpo the corporatio	oration submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registered	id I	
SIGNATURE							
12.	Signature, typed or printed name of registered age	ent and title if applicable (NOT ID DIRECTORS	TE: Registered Ageni	it signature required	of when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_	
TITLE	PD OFFICERS AIN	DELETE	1.1 TOTLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ĊΠ	
NAME	PARIKH, NIRMAL		1.2 NAME			•••	
STREET ADDRESS	251 HILLSIDE TERRACE		1.3 STREET A	ADDRESS			
CITY-ST-ZIP	KINGSTON NY		1.4 City-St-	- ŽIP			
TITLE	8 D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	on	
NAME	AIELLO, RALPH		2.2 NAME				
STREET ADDRESS	35 WESCOTT ST OLD TARPAN NJ		2.3 STREET A				
CITY-ST-ZIP TITLE	TD TANKAR NO	DELETE	2.4 CITY-ST 3.1 TITLE	[-ZIP	Change Addition	on	
NAME	ALBERTO, JOHN		3.2 NAME		pand withings and comme	,	
STREET ADDRESS	35 DEARBORN DR		3.3 STREET A	ADDRESS			
CITY-ST-ZIP	OLD TAPPAN NJ		3.4. CITY-ST	I-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	οn	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST- 5.1 TITLE	-ZIP	☐ Change ☐ Additio	-	
NAME		- pectic	5.1 MILE 5.2 NAME		T oughte T vaning	ж	
STREET ADDRESS	r		5.3 STREET A	INNRESS			
CITY-ST-ZIP	r		5.4 CITY-ST-	i i			
TITLE		DELETE	6.1 TITLE	F11	☐ Change ☐ Additio	ıπ	
NAME	r		6.2 NAME				
STREET ADDRESS 6.3		6.3 STREET A	(DDRESS		ı		
A-17/ AT	İ						

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 atlath pent with an address.

JAN 2 9 1998

FILED

Feb 05 1998 8:00am

Secretary of State