## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N45728 (5) VINKEMULDER P.U.D. HOMEOWNERS' ASSOCIATION, INC.							1 (8 8 1/18) 8 (1 8 1/18) 8 (1/18)	( <b>66</b> ) ( <b>6</b> 1) <b>(6</b> 1)	<b>4(1)</b> (1,4)4(1,6)3	### <b>81811 818</b> 11 ###81		
Principal Place	e of Business		Mailin	g Address								
3765 VINKEMULDER ROAD 3765 VINKEMULDER ROAD COCONUT CREEK FL 33073 COCONUT CREEK FL 330												
								3. Date Incorporated or Qualified 10/23/1991	3a.	Date of Last		
2. Principal Pl	lace of Busines	SS	2a. Ma	alling Address				4. FEI Number		03/23/	Applied For	
21			26					65-0318725		<del>-</del>	Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.7	5 Additional Required	
City & State	е		City & State					6. Election Campaign Financing			O May Be	
Zip		Country	<b>28</b>     Zip	)	Count	rv		Trust Fund Contribution		Adde	ed to Fees	
24				29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
	9. Name e	and Address of Curren	t Registere	d Agent		1		10. Name and Address of New	Registere	d Agent		
VINKEMULDER, ROBERT L.					L	2	Name					
3765 VINKEMULDER ROAD							Street A	dress (P.O. Box Number is Not Accepta	ss (P.O. Box Number is Not Acceptable)			
COCONUT CREEK FL 33073					83						171	
					8	4	City			<b>85</b> Zi	ip Code	
11. Pursuant i	to the provision	ns of Sections 617.0502	and 617.15	08, Florida Statut	tes, the above	-na	med corr	poration submits this statement for the popard of directors. I hereby accept the ap	FI	hanning Ita	rapidored offer	
or register familiar wi	red agent, or b ith, and accept	oth, in the State of Florid the obligations of, Section	a. Such ch on 617.050	ange was authoria 3, Florida Statute:	zed by the cor s.	rpoi	ration's b	pard of directors. I hereby accept the ap	pointment a	as registered	d agent. I am	
SIGNATURE	Claration to and											
12.	Signature, typed or	printed name of registered agent of OFFICERS AND			OTE: Registered Ag	jont s	signature req	ired when reinstating)	DATE	D DIDEOR	000 000	
TITLE	P			DELETE	1.1 TITLE		1	1 - PICO DA	I / 1	Change	JRS IN 12	
NAME	VINKEMU	Ilder, Robert			1.2 NAM	E		Maler & Villeny	urau	5		
STREET ADDRESS		Kemulder RD.			1.3 STRE	ET A	DDRESS .	3765 Kulemule	- Ka	₽ .		
CITY-ST-ZIP		JT CREEK FL 33073			1.4 CITY	-ST-	ZIP	acome & Coseeth	-Da	3:	3072	
TITLE	D			DELETE	2 1 TITLE		-47	Dale & Cinken	1. (3)	Change	☐ Addition	
NAME Profes Loboron		ILDER, PHYLLIS		`	22 NAMI			360/ WINKENIU	しひたる	ピロ		
STREET ADDRESS		( 372 N/A			23 STRE			A		~~		
CITY-ST-ZIP TITLE	D	N FL 32693		<b>□</b> DELE7E	2. 4 CITY		- ZIP	COCONUT CK 1	411	<u> 33 o</u>		
NAME	_	NEN, KENNETH		Постече	. 3.1 TITLE 3.2 NAME			D was a	-	☐ Change	Addition	
STREET ADDRESS		ALL AMERICAN BLVD	)		3.3 STREE		nnesee	Connoth Jan Ju	nen	4.1		
CITY-ST-ZIP	PALM CI	TY FL 34990	•		3.4 CITY					air .		
TITLE				DELETE	4.1 TITLE		-" 1	an City, Fl. 3	770	☐ Change	Addition	
NAME					4. 2 NAM	Ε						
STREET ADORESS					4.3 STREI	ET A(	DORESS					
CITY-ST-ZIP		···			4.4 C/TY-	SI-	ZIP '					
TITLE				DELETE	5.1 TITLE					☐ Change	☐ Addition	
NAME STOCET ADODESS					5.2 NAME							
STREET ADDRESS					5.3 STREE			,	ر . سسو	ر ما ⊸ د	2/ ^=	
CITY-ST-ZIP TITLE				DELETE	5.4 CITY - 6.1 TITLE		ZIP	C	5-0	ے الے	16 0%	
NAME				Poetere						L Change	Addition	
STREET ADDRESS					6.2 NAME 6.3 STREE		angece					
CITY-ST-ZIP					64 CITY-	\$1.	71P	Stank day	2051	11/	1/25	
14. I do hereby certify that	y certify that th the informatio	e Information supplied w n indicated on this annua	ith this filing I report or s	is voluntarily furn supplemental ann	ichad and do		ant audit	for the exemption stated in Section 118 rate and that my signature shall have the	1.07(3)(k), FI	orida Statut	es. I further	

or the result of 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: Solicif All Members of SIGNING OFFICER OR DIRECTOR

April 12, 1996 (954) 973-7051