

# 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 # N45728 (5)**

1. Corporation Name

**VINKEMULDER P.U.D. HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3765 VINKEMULDER ROAD  
COCONUT CREEK FL 33073

3765 VINKEMULDER ROAD  
COCONUT CREEK FL 33073



3. Date Incorporated or Qualified  
**10/23/1991**

3a. Date of Last Report  
**03/23/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VINKEMULDER, ROBERT L.**  
**3765 VINKEMULDER ROAD**  
**COCONUT CREEK FL 33073**

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

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 **P** ☐ DELETE  
NAME **VINKEMULDER, ROBERT**  
STREET ADDRESS **3765 VINKEMULDER RD.**  
CITY-ST-ZIP **COCONUT CREEK FL 33073**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **Robert L. Vinkemulder**  
1.3 STREET ADDRESS **3765 Vinkemulder Rd**  
1.4 CITY-ST-ZIP **Coconut Creek Fla 33073**

TITLE **D** ☒ DELETE  
NAME **VINKEMULDER, PHYLLIS**  
STREET ADDRESS **P.O. BOX 372 N/A**  
CITY-ST-ZIP **TRENTON FL 32693**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **Phyllis Vinkemulder**  
2.3 STREET ADDRESS **3601 VINKEMULDER RD**  
2.4 CITY-ST-ZIP **COCONUT CR FL 33073**

TITLE **D** ☐ DELETE  
NAME **VAN TUINEN, KENNETH**  
STREET ADDRESS **655 SW ALL AMERICAN BLVD**  
CITY-ST-ZIP **PALM CITY FL 34990**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **Kenneth Van Tuinen**  
3.3 STREET ADDRESS **655 SW All American Blvd.**  
3.4 CITY-ST-ZIP **Palm City, FL 34990**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: **Robert L. Vinkemulder**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 12, 1996 (954) 973-7051**  
Date Daytime Phone #

CR2E037 (12/95)