FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48317** **(4)**

1. Corporation Name

VILLAGE PRIDE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
240 NATCHEZ CT. ROYAL PALM BEACH FL 33411	240 NATCHEZ CT. ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/10/1992**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0424655** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

FUCHS, LAWRENCE M.
590 ROYAL PALM BECH BLVD.
ROYAL PALM BEACH FL 33411

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	PARADIS, BERYL (B.J.)	12 NAME	
STREET ADDRESS	240 NATCHEZ CT.	13 STREET ADDRESS	
CITY ST ZIP	ROYAL PALM BEACH FL	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	PARENTI, MICHAEL J.	22 NAME	
STREET ADDRESS	218 PONCE DE LEON	23 STREET ADDRESS	
CITY ST ZIP	ROYAL PALM BEACH FL	24 CITY ST ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	KELLER, GLORIA	32 NAME	
STREET ADDRESS	206 PAR DR	33 STREET ADDRESS	
CITY ST ZIP	ROYAL PALM BCH FL	34 CITY ST ZIP	
TITLE	~~D~~	41 TITLE	D ☑ Change ☐ Addition
NAME	~~MASILOTTI, ANTHONY~~	42 NAME	NICHOLAS ALLESANDRIA
STREET ADDRESS	~~230 INFANTA CT.~~	43 STREET ADDRESS	217 VAN GOGH STREET
CITY ST ZIP	~~ROYAL PALM BEACH FL~~	44 CITY ST ZIP	ROYAL PALM BEACH, FL 33411
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BOLINSKI, THOMAS	52 NAME	
STREET ADDRESS	1050 ROYAL PALM BCH BLVD	53 STREET ADDRESS	
CITY ST ZIP	ROYAL PALM BEACH FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CASTO, RAY	62 NAME	
STREET ADDRESS	242 NATCHEZ CT	63 STREET ADDRESS	
CITY ST ZIP	ROYAL PALM BEACH FL	64 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)(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: Beryl J. Paradis BERYL J. PARADIS PRES. 4/27/95 (407) 793-8149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000488