

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 # N95000004932 (8)

1. Corporation Name
CONDOMINIUM ASSOCIATION OF GOLF VILLAS, INC.



Principal Place of Business: **PERFECT DRIVE PORT ST. LUCIE FL 34986**
Mailing Address: **2172 TESERVE PARK TRACE PORT ST. LUCIE FL 34986**

3. Date Incorporated or Qualified: **10/17/1995**
3a. Date of Last Report

21	2. Principal Place of Business	2a	2a. Mailing Address	4	FEI Number	<input checked="" type="checkbox"/>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	Country	30	Country				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PRINZ, BETH T WARNER, FOX, SEELEY, ETAL 1100 S. FEDERAL HIGHWAY STUART FL 34994		81 Name WARD, MATTHEW A	85 Zip Code 34986
		82 Street Address (P.O. Box Number is Not Acceptable) 2172 RESERVE PARK TRACE	
		83	
		84 City PORT ST LUCIE	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0303, Florida Statutes.

SIGNATURE: *Matthew A Ward* M. MATTHEW A WARD PRESIDENT 7/3/96
Signature required to printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, DAVID A	1.2 NAME	
STREET ADDRESS	7801 SADDLEBROOK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, MATTHEW A	2.2 NAME	
STREET ADDRESS	7801 SADDLEBROOK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, LOUISE	3.2 NAME	
STREET ADDRESS	7801 SADDLEBROOK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	800001892868 -07/15/96--01002--033 ***61.25
CITY-ST-ZIP		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: *Matthew A Ward* President 6/21/96 407-464-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (12/95)