


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90045 034 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000027

1. Corporation Name
VILLAGE PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 13200 SW 128 STREET SUITE E1 MIAMI FL 33186	Mailing Address 13200 SW 128 STREET SUITE E1 MIAMI FL 33186
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/02/1997
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0765702
23 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	30 Country
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HENDRISKE, NELSON 13200 SW 128 STREET SUITE E1 MIAMI FL 33186		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HENDRISKE, NELSON J	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13200 SW 128 ST, STE E1	1.2 NAME	
STREET ADDRESS	MIAMI FL 33186	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BELLON, LEOPOLDO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13200 SW 128 ST, STE E1	2.2 NAME	
STREET ADDRESS	MIAMI FL 33186	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD NOTHEIS, WALTER M.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13200 SW 128 ST, STE E1	3.2 NAME	
STREET ADDRESS	MIAMI FL 33186	3.3 STREET ADDRESS	
CITY-ST-ZIP		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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 1/19/99 305-255-2022

CR2E037 (11/98)