FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S55280

(9)

VILLAS AT JOSEY-DALLAS, INC.

Principal Place	of Business	Mailing Address	Mailing Address			יופון וופוס ונפוס וופוס וופוס וופוס וופוס וופוס וופוס וופוס וופוס וופוס פווים ופוס אופוס וופוס פו ביופוס פו ע	
7777 GLADES RD.		7777 GLADES RD.					
SUITE 300	E1 90494	SUITE 300 BOCA RATON FL 3	2424.4106		1		
BOCA RATON FL 33434 US		US				3. Date Incorporated or Qualified 3a, Date of Last Report	
••						05/28/1991 04/02/1996	
2. Principal Pi	ace of Business	2a, Mailing Address	}			4. FEI Number Applied For	
21 Broad	& Cassel	26 Broad 8	Casse	1		98-0119575 Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, et	3 .			5. Certificate of Status Desired \$8.75 Additional	
22		27				The Hequired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	28	Coi	intry		Trust Fund Contribution	
24	25	29	30	1		Florida Statutes	
J=21.	g. Name and Address of Curren		I			10. Name and Address of New Registered Agent	
DEL	ITCH, JEFFREY A. ESQ		<u></u>	81	Name		
777	7 GLADES RD.			82	Street A	Address (P.O. Box Number is Not Acceptable)	
	TE 300			83			
BOO	CA RATON FL 33434			03			
				84	City	FL 85 Zip Code	
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida	Statutes, the a	bove	named (corporation submits this statement for the nurnosa of changing its registered	
l office or r	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change	was authorize	o nv	the corp	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Trighting with and accept the cong.		00,110,100,010			•	
SIGNATURE	Signature typed or printed name of registered age	m) and title if applicable.	(NOTE: Registere	d Agen	al signature	e required when reinstating) DATE	
12.	OFFICERS ANI		13.		····	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	PSD DOMEDANTS CALL	☐ ÔELE				Citarge Li Moditor	
NAME	POMERANTZ, SAUL 8800 DECARIE BLVD, SUITE 1	•		IAME			
STREFT ADDRESS	TOWN OF MOUNT ROYAL QU				ADDRESS		
CITY-ST-ZIP TITLE	TVD	DELE		HTY-ST	- 2112	Change Addition	
1	GATTINGER, FRANKLIN	prec		IAME			
NAME STREET ADDRESS	8600 DECARIE BLVD., SUITE	200			ADDRESS	·	
	TOWN OF MOUNT ROYAL QU	2		CITY-S			
CITY-ST-ZIP TITLE	VASD	DELE				☐ Change ☐ Addition	
NAME	POMERANTZ, TERRY	 +		IAME	i		
STREET ADORESS	8600 DECARIE BLVD SUITE 2	00			ADDRESS		
CITY-ST-ZIP	TOWN OF MOUNT ROYAL QU			CITY-S			
TITLE		☐ DELE		ITLE		Change Addition	
NAME			4.2	NAME		Return 100	
STREET ADDRESS			4.3 8	STREET	ADDRESS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CITY-ST-ZIP			4,41	ATY-ST	- ZIP		
TITLE		DELE	TE 5.1 1	IILE		☐ Change ☐ Addition	
NAME			5.21	NAME			
STREET ADDRESS			5.3 9	STREET	ADDRESS		
CITY-ST-7IP				CITY-S1	r-ZIP		
\$ITLE		☐ DELE	TE 6.11	ITLE			
NAME			621	NAME	۱ ا	500002138715° -04/10/9701006014	
STREET ACIDRESS			633	STREET	ADORESS	***165.00	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE: Franklin J. Gattinger

April 1, 1997 (514) 341-8600

FILED

Apr 09 1997 8:00am

Secretary of State