

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED AND FILED

30 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # 729378 (0)

1. Corporation Name  
**THE TRELLISES ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
9701 N. NEW RIVER CANAL RD. PLANTATION FL 33324  
9701 N. NEW RIVER CANAL RD. PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/16/1974** 3a. Date of Last Report **03/15/1994**

4. FEI Number **59-1655424** 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 **Custom Property Mgmt** 26  
Suite, Apt. #, etc. 27 **10061 Sunset Strip**  
22 **10061 Sunset Strip** 27  
City & State 28 **Sunrise, FL**  
23 **Sunrise, FL** 28  
Zip 25 **33322** Country 29 **FL** 30 **FL**

9. Name and Address of Current Registered Agent  
**GOLD COAST PROPERTY MGMT  
10001 W OAKLAND PARK BLVD.  
SUITE 300  
SUNRISE FL 33351**

10. Name and Address of New Registered Agent  
81 Name **Custom Property Management**  
82 Street Address (P.O. Box Number is Not Acceptable) **10061 Sunset Strip**  
83  
84 City **Sunrise** FL 85 Zip Code **33322**

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 *John L. Mowatt* DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>SMITH, JACK</b>
STREET ADDRESS	<b>9717 N NEW RIVER CANAL #411</b>
CITY ST ZIP	<b>PLANTATION, FL 00000</b>
TITLE	<b>VD</b>
NAME	<b>GOLD, JOYCE</b>
STREET ADDRESS	<b>9723 N NEW RIVER CANAL #414</b>
CITY ST ZIP	<b>PLANTATION, FL 00000</b>
TITLE	<b>TD</b>
NAME	<b>SCHWARTZ, WILLIAM</b>
STREET ADDRESS	<b>956 MOCKINGBIRD LANE</b>
CITY ST ZIP	<b>PLANTATION, FL 00000</b>
TITLE	<b>SD</b>
NAME	<b>KORN, SHELDON</b>
STREET ADDRESS	<b>952 MACKING BIRD LANE</b>
CITY ST ZIP	<b>PLANTATION, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b> President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>MOWATT, JOHN, # 512</b>
13 STREET ADDRESS	<b>958 Mockingbird Lane</b>
14 CITY ST ZIP	<b>Plantation, Florida, 33324</b>
21 TITLE	<b>D</b> Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>SCHWARTZ, WILLIAM, # 502</b>
23 STREET ADDRESS	<b>956 Mockingbird Lane</b>
24 CITY ST ZIP	<b>Plantation, Florida, 33324</b>
31 TITLE	<b>D</b> Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>SONNENBERG, ROBERT, #102</b>
33 STREET ADDRESS	<b>9703 N New River Canal Road</b>
34 CITY ST ZIP	<b>Plantation, Florida, 33324</b>
41 TITLE	<b>D</b> Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>J. L. "Sam" Heede, # 631</b>
43 STREET ADDRESS	<b>9727 N New River Canal Road</b>
44 CITY ST ZIP	<b>Plantation, Florida, 33324</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(b), 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 registered agent employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am an officer, director, or an attached agent of the corporation.

SIGNATURE: *John L. Mowatt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN L. MOWATT**

4/13/95 305-4356839