

**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 # 735878 (1)

1. Corporation Name  
**PALM-AIRE VILLAGE PRIVATE HOME TOWNHOUSE PARK BO  
ARD, INC.**



Principal Place of Business Mailing Address  
P. O. BOX 9362 FT. LAUDERDALE FL 33309-1367  
P. O. BOX 9362 FT. LAUDERDALE FL 33309-1367

3. Date Incorporated or Qualified **05/18/1976** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-1791825** 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**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**MORROW, JOHN  
2947 NW 68 ST.  
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent  
81 Name **GIBRIS, LYNN**  
82 Street Address (P.O. Box Number is Not Acceptable) **6944 NW 30 Ave**  
83 **Ft. Lauderdale, FL 33309**  
84 City **Ft. Lauderdale** FL 85 Zip Code **33309**

11. Pursuant to the provisions of Sections 617.0502 and 617.4608, 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 *Lynn Gibris* *Lynn Gibris* 3/6/96  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | <b>PVD</b>               | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>MORROW, JOHN</b>      |  |
| STREET ADDRESS | <b>2947 NW 68TH ST.</b>  |  |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL</b> |  |
| TITLE          | <b>SD</b>                | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>AUDET, BERNARD</b>    |  |
| STREET ADDRESS | <b>6815 NW 29TH AVE.</b> |  |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL</b> |  |
| TITLE          | <b>TD</b>                | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>CADWELL, TAMMY</b>    |  |
| STREET ADDRESS | <b>2972 NW 69TH CT.</b>  |  |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE FL</b> |  |
| TITLE          |                          | <input type="checkbox"/> DELETE            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> DELETE            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> DELETE            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                 |  |
|--------------------|---------------------------------|--|
| 1.1 TITLE          | <b>P/S/D</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>Gibris, Lynn</b>             |  |
| 1.3 STREET ADDRESS | <b>6944 NW 30 Ave</b>           |  |
| 1.4 CITY-ST-ZIP    | <b>Ft. Lauderdale, F 33309</b>  |  |
| 2.1 TITLE          | <b>V/D</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>Weaver-Diaz, Claudia</b>     |  |
| 2.3 STREET ADDRESS | <b>6811 NW 29 Ave</b>           |  |
| 2.4 CITY-ST-ZIP    | <b>Ft. Lauderdale, FL 33309</b> |  |
| 3.1 TITLE          | <b>T/D</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>Gibris, William</b>          |  |
| 3.3 STREET ADDRESS | <b>6944 NW 30 Ave</b>           |  |
| 3.4 CITY-ST-ZIP    | <b>Ft. Lauderdale, FL 33309</b> |  |
| 4.1 TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                 |  |
| 4.3 STREET ADDRESS |                                 |  |
| 4.4 CITY-ST-ZIP    |                                 |  |
| 5.1 TITLE          | <del>300001741282</del>         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           | <del>-03/13/96-01043-000</del>  |  |
| 5.3 STREET ADDRESS | <del>***75.00</del>             |  |
| 5.4 CITY-ST-ZIP    |                                 |  |
| 6.1 TITLE          | <b>300001741265</b>             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           | <b>-03/13/96-01043-003</b>      |  |
| 6.3 STREET ADDRESS | <b>***75.00</b>                 |  |
| 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: *Lynn Gibris* *Lynn G. BRIS, Pres./Dir.* 3/6/96 954 969-9633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)