

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 737990**

**(2)**

1. Corporation Name

**ARISTA PARK CONDOMINIUM, INC.**



Principal Place of Business

**7175 NOVA DRIVE-BOX 511  
DAVIE FL 33317**

Mailing Address

**7175 NOVA DRIVE-BOX 511  
DAVIE FL 33317**

3. Date Incorporated or Qualified  
**02/03/1977**

3a. Date of Last Report  
**04/05/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-1882170**

Applied For  
Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

23

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NACHMAN, IRVIN  
4441 STIRLING ROAD  
FT. LAUDERDALE FL 33314**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **TRANCE, TED**  
CITY-ST-ZIP **7175 NOVA DR #510  
DAVIE FL**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **DT**  
1.3 STREET ADDRESS **BYARS, JOYCE**  
1.4 CITY-ST-ZIP **7175 NOVA DR #506  
DAVIE FL 33317**

TITLE ☒ DELETE  
NAME **DT**  
STREET ADDRESS **MAXWELL, BETTY**  
CITY-ST-ZIP **7175 NOVA DR #502  
DAVIE FL**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **DVP**  
2.3 STREET ADDRESS **PLAYER, PAMELA**  
2.4 CITY-ST-ZIP **7175 NOVA DR #509  
DAVIE FL 33317**

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **ELAINE WOLF**  
CITY-ST-ZIP **7175 NOVA DR #104  
DAVIE FL**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **DS**  
3.3 STREET ADDRESS **SAVAGE, JOHN**  
3.4 CITY-ST-ZIP **7175 NOVA DR #206  
DAVIE, FL 33317**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **PEPKOWSKI, ANDY**  
CITY-ST-ZIP **7175 NOVA DR. UNIT 407  
DAVIE FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **DVP**  
STREET ADDRESS **STETSON, ROBERT**  
CITY-ST-ZIP **7175 NOVA DR #105  
DAVIE, FL 00000**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *Elaine Wolf* President 2/27/96 370-9468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)