

**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 # 738909 (1)**  
1. Corporation Name  
**ASHLEIGH HOUSE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business: **3113 S OCEAN DR HALLANDALE FL 33009**  
Mailing Address: **3113 S OCEAN DR HALLANDALE FL 33009**

3. Date Incorporated or Qualified: **05/10/1977**  
3a. Date of Last Report: **02/21/1995**  
4. FEI Number: **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: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
City & State: **28**  
Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**  
**TUDZAROV, LOUISE E. ESQ.**  
**345 W. OAKLAND PARK BLVD**  
**FT. LAUDERDALE FL 33311**

**10. Name and Address of New Registered Agent**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	DT	<input type="checkbox"/> DELETE
NAME	KUCK, VIRGINIA	
STREET ADDRESS	3113 S OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CATELLI, RINO	
STREET ADDRESS	3113 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SNYDER, CLARENCE	
STREET ADDRESS	3113 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KUCK, EDWARD	
STREET ADDRESS	3113 S OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILBOVITZ, MILDRED	
STREET ADDRESS	3113 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KUCK, EDWARD	
STREET ADDRESS	3113 S. OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WISNIEWSKI, BERNICE	
1.3 STREET ADDRESS	3113 S. OCEAN DRIVE	
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BLOOMBERG, BETTY	
2.3 STREET ADDRESS	3113 S.OCEAN DRIVE	
2.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BENEDETTO, ROSEMARY	
3.3 STREET ADDRESS	3113 S. OCEAN DRIVE	
3.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *VIRGINIA KUCK* *TREASURER* *2/20/96* *954-456-8279*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)