

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 738909 (1)**  
1. Corporation Name  
**ASHLEIGH HOUSE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>3113 S OCEAN DR HALLANDALE FL 33009</b>	Mailing Address <b>3113 S OCEAN DR HALLANDALE FL 33009-7258</b>
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3. Date Incorporated or Qualified <b>05/10/1977</b>	3a. Date of Last Report <b>02/26/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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 (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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DT</b>	<b>KUCK, VIRGINIA</b> <input type="checkbox"/> DELETE	1.1 TITLE <b>MD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3113 S OCEAN DRIVE</b>	1.2 NAME <b>BENEDETTO, ROSEMARY</b>	
STREET ADDRESS	<b>HALLANDALE FL</b>	1.3 STREET ADDRESS <b>3113 S. Ocean DRIVE -#608</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>HALLANDALE, FL 33009</b>	
TITLE <b>VD</b>	<b>CATELLI, RINO</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>RSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3113 S. OCEAN DRIVE</b>	2.2 NAME <b>GOLDFARB, FAYE</b>	
STREET ADDRESS	<b>HALLANDALE FL</b>	2.3 STREET ADDRESS <b>3113 S. Ocean DR. #1010</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>HALLANDALE, FL 33009</b>	
TITLE <b>VD</b>	<b>SNYDER, CLARENCE</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>ATD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3113 S. OCEAN DRIVE</b>	3.2 NAME <b>DRUCKER, GEORGE</b>	
STREET ADDRESS	<b>HALLANDALE FL</b>	3.3 STREET ADDRESS <b>3113 S. OCEAN DRIVE - #210</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>HALLANDALE, FL 33009</b>	
TITLE <b>PD</b>	<b>WISNIEWSKI, BERNICE</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3113 S. OCEAN DRIVE</b>	4.2 NAME	
STREET ADDRESS	<b>HALLANDALE FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<b>SILBOVITZ, MILDRED</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3113 S. OCEAN DRIVE</b>	5.2 NAME	
STREET ADDRESS	<b>HALLANDALE FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<b>BLOOMBERG, BETTY</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3113 S. OCEAN DRIVE</b>	6.2 NAME	
STREET ADDRESS	<b>HALLANDALE FL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 2/5/97 954-454-3113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022632

CR2E037 (9/96)