

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3113 S OCEAN DR HALLANDALE FL 33009	Mailing Address 3113 S OCEAN DR HALLANDALE FL 33009
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3. Date Incorporated or Qualified
05/10/1977

4. FEI Number
NOT APPLICABLE

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUCK, VIRGINIA	1.2 NAME	
STREET ADDRESS	3113 S OCEAN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATELLI, RINO	2.2 NAME	
STREET ADDRESS	3113 S. OCEAN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDETTO, ROSEMARY	3.2 NAME	BENEDETTO, ROSEMARY
STREET ADDRESS	3113 S. OCEAN DRIVE, #608	3.3 STREET ADDRESS	3113 S. OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	HALLANDALE, FL # 33009
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISNIEWSKI, BERNICE	4.2 NAME	
STREET ADDRESS	3113 S. OCEAN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	
TITLE	RSD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDFARB, FAYE	5.2 NAME	
STREET ADDRESS	3113 S. OCEAN DR., #1010	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOOMBERG, BETTY	6.2 NAME	DRUCKER, George
STREET ADDRESS	3113 S. OCEAN DRIVE	6.3 STREET ADDRESS	3113 S. OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE FL	6.4 CITY-ST-ZIP	HALLANDALE, FLA 33009

14. I 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* **1/22/98 954-454-3113**

CR2E037 (10/97)