

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 MAY -1 PH 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300001474853  
-05/04/95--01001--001  
\*\*32760.00 \*\*\*\*130.00  
DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 740836 (2)**  
1. Corporation Name  
**VENTNOR "P" CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>VENTNOR P-1071 CENTURY VILLAGE EAST DEERFIELD BEACH FL 33442</b>	Mailing Address <b>VENTNOR P-1071 CENTURY VILLAGE EAST DEERFIELD BEACH FL 33442</b>
--	--

3. Date Incorporated or Qualified <b>11/18/1977</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1922125</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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip, Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip, Country
--	---

9. Name and Address of Current Registered Agent  
**CONDOMINIUM OWNERS ORGANIZATION C.V.E. INC  
3501 WEST DRIVE  
DEERFIELD BCH FL 33442-2085**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D BEARMAN, EPHRAIM J. VENTNOR P 3065 DEERFIELD BCH FL</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>PD BORER, HERMAN VENTNOR P 1071 DEERFIELD BCH FL</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D IRVING, RUGA VENTNOR P 4063 DEERFIELD BCH FL</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>TD CHATSKY, EMANUEL VENTNOR P-4075 DEERFIELD BCH FL</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>SD RESNICK, SAM VENTNOR P 3074 DEERFIELD BEACH FL</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>VD SIMONS, NORMAN (2ND V) VENTNOR P 4070 DEERFIELD BCH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR LEONA JUNKIN 4063 VENTNOR P DEERFIELD BEACH 33442</b>
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>VENTNOR P 1067</b>
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD 511</b>

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 110.07(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 the report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Herman Borer **HERMAN BORER** 11/1/95 421-8470  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Typed Name #)  
**(PRES)**