

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 742670 (3)**  
1. Corporation Name  
**AMERICANA VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>19800 S.W. 180 AVENUE SUITE #602 MIAMI FL 33187-2610</b>		Mailing Address <b>19800 S.W. 180 AVENUE SUITE #602 MIAMI FL 33187-2610</b>	
3. Date Incorporated or Qualified <b>04/28/1978</b>		3a. Date of Last Report <b>05/01/1995</b>	

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		4. FEI Number <b>59-2069462</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State <b>23</b>		City & State <b>28</b>		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>				

9. Name and Address of Current Registered Agent <b>SLATTERY, CAROLYN M 19800 SW 180TH AVE #64 MIAMI FL 33187</b>				10. Name and Address of New Registered Agent			
<b>81</b> Name				<b>81</b> Name			
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
<b>83</b>				<b>83</b>			
<b>84</b> City				<b>FL</b>		<b>85</b> 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 **CAROLYN M. SLATTERY - TREASURER** *Carolyn Slattery* **JULY 1, 1996**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>S</b>	<b>HOWE, JASON</b> 19800 SW 180 AVE, STE 442 MIAMI FL	<input checked="" type="checkbox"/> DELETE	
TITLE <b>MD</b>	<b>PATTENDAUE, ELIZABETH</b> 19800 S.W. 180 AVENUE, #563 MIAMI FL 33187	<input checked="" type="checkbox"/> DELETE	<b>5</b> <b>PAT NORMAN</b> 19800 SW 180 Ave. #165 MIAMI, FL. 33187 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b>	<b>BARR, RAYMOND</b> 19800 SW 180 AVE, STE 303 MIAMI FL	<input checked="" type="checkbox"/> DELETE	<b>MD</b> <b>DOLLY LAUDERDALE</b> 19800 SW 180 Ave. #179 MIAMI, FL. 33187 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>MD</b>	<b>BAUWENS, JACK</b> 19800 S.W. 180 AVENUE, #333 MIAMI FL 33187	<input checked="" type="checkbox"/> DELETE	<b>V</b> <b>ELIZABETH PATTENAUE</b> 19800 SW 180 AVE. #563 MIAMI, FL. 33187 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	<b>SLATTERY, CAROLYN</b> 19800 SW 180TH AVE #64 MIAMI FL	<input type="checkbox"/> DELETE	<b>MD</b> <b>TED WALLACE</b> 19800 SW 180 AVE. #384 MIAMI, FL. 33187 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>P</b>	<b>BUCKLEY, KATHLEEN</b> 19800 S.W. 180 AVENUE, #501 MIAMI FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kathleen C. Buckley* **Kathleen C. Buckley** **President of Bd.**  
DATE: **7/1/96**  
DAYTIME PHONE: **(305) 253-6025**

CR2E037 (12/95)