

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

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DIVISION OF CORPORATIONS

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DOCUMENT # 746932 (3)

1. Corporation Name
ESTATES OF FORT LAUDERDALE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
2050 S.W. 54TH STREET 2050 S.W. 54TH STREET
FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/27/1979	3a. Date of Last Report 02/02/1994
4. FEI Number 59-1911519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
10
FT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 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 re-registering.

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	COTOGNO, VINCENT
STREET ADDRESS	2871 SW 58 MANOR
CITY- ST- ZIP	FT LAUDERDALE FL
TITLE	V
NAME	DAVIS, JOHN
STREET ADDRESS	3211 ROYAL PALM CT
CITY- ST- ZIP	FT. LAUDERDALE FL
TITLE	V
NAME	ROSENTHAL, SEYMOUR
STREET ADDRESS	3231 ROYAL PALM CT
CITY- ST- ZIP	FT LAUDERDALE FL
TITLE	T
NAME	STENCEL, JOHN
STREET ADDRESS	2928 LAKESHORE DR
CITY- ST- ZIP	FT. LAUDERDALE FL
TITLE	S
NAME	BELMONTE, ANNA
STREET ADDRESS	3090 COVE DR
CITY- ST- ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CARMELIA LeConche
13 STREET ADDRESS	5461 S.W 32 TERR.
14 CITY- ST- ZIP	FT. LAUDERDALE FL
21 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JOHN Boehm
23 STREET ADDRESS	5420 HIRSHIN CT.
24 CITY- ST- ZIP	FT. LAUDERDALE, FL
31 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	JOHN DAVIS
33 STREET ADDRESS	3211 ROYAL PALM CT.
34 CITY- ST- ZIP	FT. LAUDERDALE
41 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VINCENT Cotugno
43 STREET ADDRESS	2871 S.W. 58 MANOR
44 CITY- ST- ZIP	FT. LAUDERDALE FL
51 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ELLEN PRIVITERA
53 STREET ADDRESS	2670 E. MARINA DR.
54 CITY- ST- ZIP	FT. LAUDERDALE FL
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information on this annual report or supplemental 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 or 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: CARMELIA LeCONCHE General Secy 6-7-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)