

FILED

Feb 03 1998 8:00am
Secretary of State

MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 746932 (3)
1. Corporation Name
ESTATES OF FORT LAUDERDALE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
2850 S.W. 54TH STREET FT LAUDERDALE FL 33312

3. Date Incorporated or Qualified 04/27/1979
3a. Date of Last Report 06/14/1995

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 25 29 30
4. FEI Number 59-1911519
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BECKER & POLIAKOFF, P.A.
5111 STIRLING ROAD
10
FT LAUDERDALE FL 33312
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE	NAME LECONCHE, CARMELLA	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 NAME ERYING, RON
STREET ADDRESS 5461 SW 32ND TERRACE	CITY-ST-ZIP FT. LAUDERDALE, FL. 33312	1.2 STREET ADDRESS 5410 LAGOON DRIVE	1.3 CITY-ST-ZIP FT. LAUDERDALE, FL. 33312
TITLE VP <input checked="" type="checkbox"/> DELETE	NAME STOLLER, MERRILL	2.1 TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 NAME BOEHM, JOHN
STREET ADDRESS 2929 LAKESHORE DRIVE	CITY-ST-ZIP FT. LAUDERDALE, FL. 33312	2.2 STREET ADDRESS 5420 HIACINTH CT.	2.2 CITY-ST-ZIP FT. LAUDERDALE, FL. 33312
TITLE T <input checked="" type="checkbox"/> DELETE	NAME SAGLIO, PETER	3.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 NAME JONES, JANICE
STREET ADDRESS 5450 HIACINTH CT.	CITY-ST-ZIP FT. LAUDERDALE, FL. 33312	3.2 STREET ADDRESS 5531 SW 32ND STREET	3.2 CITY-ST-ZIP FT. LAUDERDALE, FL. 33312
TITLE SECRETARY <input checked="" type="checkbox"/> DELETE	NAME STANGO, NADINE	4.1 TITLE SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 NAME CIPOLLA, CHRISTINE
STREET ADDRESS 2830 SW 57TH CT.	CITY-ST-ZIP FT. LAUDERDALE, FL. 33312	4.2 STREET ADDRESS 2820 SW 57TH CT.	4.2 CITY-ST-ZIP FT. LAUDERDALE, FL. 33312
TITLE D <input checked="" type="checkbox"/> DELETE	NAME SCALISE, VINCENT	5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 NAME ANDERSON, ROY
STREET ADDRESS 2670 SW 54th PLACE	CITY-ST-ZIP FT. LAUDERDALE, FL. 33312	5.2 STREET ADDRESS 3142 SW 58TH PLACE	5.2 CITY-ST-ZIP FT. LAUDERDALE, FL. 33312
TITLE D <input checked="" type="checkbox"/> DELETE	NAME BELLEMARE, RAYMOND	6.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 NAME TYRA, PATRICIA
STREET ADDRESS 5591 SW 32ND TERRACE	CITY-ST-ZIP FT. LAUDERDALE, FL. 33312	6.2 STREET ADDRESS 2945 SW 54TH STREET	6.2 CITY-ST-ZIP FT. LAUDERDALE, FL.

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, or on an attachment with an address, or on an attachment with an address, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED John Boehm 1-30-98

CP2E07 (3/96)

RE 2-3