

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 APR - 3 PM 6: 01

DOCUMENT # **749524** (5)  
1. Corporation Name  
**ETON COUNTRYSIDE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**5100 SW 64TH AVENUE** **5100 SW 64TH AVENUE**  
**DAVIE FL 33314** **DAVIE FL 33314**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/25/1979** 3a. Date of Last Report **04/29/1994**  
4. FEI Number **59-1990891** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POLIAKOFF, GARY**  
**6520 N. ANDREWS AVENUE**  
**FT. LAUDERDALE FL 33310**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>PREECE, CAROLYN</b>
STREET ADDRESS	<b>5100 SW 64TH AVENUE</b>
CITY - ST - ZIP	<b>DAVIE FL</b>
TITLE	<b>VD</b>
NAME	<b>PONTY, MARY ANN</b>
STREET ADDRESS	<b>5090 SW 64TH AVENUE</b>
CITY - ST - ZIP	<b>DAVIE FL</b>
TITLE	<b>D</b>
NAME	<b>OWENS, LESTER</b>
STREET ADDRESS	<b>5090 SW 64TH AVE, #306B</b>
CITY - ST - ZIP	<b>DAVIE FL</b>
TITLE	<b>STD</b>
NAME	<b>LANG, DEBORAH</b>
STREET ADDRESS	<b>5100 SW 64TH AVENUE</b>
CITY - ST - ZIP	<b>DAVIE FL</b>
TITLE	<b>D</b>
NAME	<b>PEREZ, VIVIAN</b>
STREET ADDRESS	<b>5090 SW 64TH AVENUE</b>
CITY - ST - ZIP	<b>DAVIE FL</b>
TITLE	<b>D</b>
NAME	<b>SMITH, LAWRENCE</b>
STREET ADDRESS	<b>5100 SW 64TH AVE, #202A</b>
CITY - ST - ZIP	<b>DAVIE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D Jacqueline Mitchell</b>
4.3 STREET ADDRESS	<b>3070 &amp; 64 Ave</b>
4.4 CITY - ST - ZIP	<b>Davie, FL 33314</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D Art Keaton</b>
6.3 STREET ADDRESS	<b>5080 &amp; 64 Ave</b>
6.4 CITY - ST - ZIP	<b>Davie FL 33314</b>

14. I do hereby certify that the information furnished 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 included on this annual report or supplemental annual report is true and accurate and that my appointment 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 017, Florida Statutes; and that my name appears in Block 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

SIGNATURE *Carolyn Preece*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.28.95 963.9626  
Date Date of Filing