

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



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

3. Date Incorporated or Qualified **10/25/1979** 3a. Date of Last Report **04/03/1995**  
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**  
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 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**POLIAKOFF, GARY**  
**6520 N. ANDREWS AVENUE**  
**FT. LAUDERDALE FL 33310**

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 617.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PO</del> <del>PREESE, CAROLYN</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>5100 SW 64TH AVENUE</del>	1.2 NAME	<b>D</b>
STREET ADDRESS	<del>DAVIE FL</del>	1.3 STREET ADDRESS	<b>ROBERT MC MULLEN</b>
CITY - ST - ZIP	<del>DAVIE FL</del>	1.4 CITY - ST - ZIP	<b>5100 SW 64TH AVE</b>
TITLE	<del>VD</del> <del>PONTY, MARY ANN</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>V.D.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>5090 SW 64TH AVENUE</del>	2.2 NAME	<b>ARTHUR KESTEN</b>
STREET ADDRESS	<del>DAVIE FL</del>	2.3 STREET ADDRESS	<b>5080 SW 64TH AVE</b>
CITY - ST - ZIP	<del>DAVIE FL</del>	2.4 CITY - ST - ZIP	<b>DAVIE FL 33314</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OWENS, LESTER</b>	3.2 NAME	<b>P.D.</b>
STREET ADDRESS	<b>5090 SW 64TH AVE, #306B</b>	3.3 STREET ADDRESS	<b>LAWRENCE SMITH</b>
CITY - ST - ZIP	<b>DAVIE FL</b>	3.4 CITY - ST - ZIP	<b>5100 SW 64TH AVE</b>
TITLE	<del>D</del> <del>MITCHELL, JACQUELINE</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>5080 SW 64TH AVE</del>	4.2 NAME	<b>SGC.</b>
STREET ADDRESS	<del>DAVIE FL</del>	4.3 STREET ADDRESS	<b>GERRY BARBER</b>
CITY - ST - ZIP	<del>DAVIE FL</del>	4.4 CITY - ST - ZIP	<b>5100 SW 64TH AVE</b>
TITLE	<del>D</del> <del>PEREZ, VIVIAN</del> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>5090 SW 64TH AVENUE</del>	5.2 NAME	<b>D</b>
STREET ADDRESS	<del>DAVIE FL</del>	5.3 STREET ADDRESS	<b>PAM. MAUN, MANS</b>
CITY - ST - ZIP	<del>DAVIE FL</del>	5.4 CITY - ST - ZIP	<b>5080 SW 64 AVE</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KESTEN, ART</b>	6.2 NAME	<b>D</b>
STREET ADDRESS	<b>5080 SW 64TH AVE</b>	6.3 STREET ADDRESS	<b>WILBUR LEIFHEIT</b>
CITY - ST - ZIP	<b>DAVIE FL</b>	6.4 CITY - ST - ZIP	<b>5080 SW 64TH AVE</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 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: Lawrence A. Smith Date: 2-2-96 Telephone #: 587 3560  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)