

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	PQ	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PREESE, CAROLYN	1.2 NAME	D
STREET ADDRESS	5100 SW 64TH AVENUE	1.3 STREET ADDRESS	ROBERT MC MULLEN
CITY - ST - ZIP	DAVIE FL	1.4 CITY - ST - ZIP	5100 SW 64TH AVE
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTY, MARY ANN	2.2 NAME	V.D.
STREET ADDRESS	5090 SW 64TH AVENUE	2.3 STREET ADDRESS	ARTHUR KESTEN
CITY - ST - ZIP	DAVIE FL	2.4 CITY - ST - ZIP	5080 SW 64TH AVE
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	3.2 NAME	P.D.
STREET ADDRESS	OWENS, LESTER	3.3 STREET ADDRESS	LAWRENCE SMITH
CITY - ST - ZIP	5090 SW 64TH AVE, #306B	3.4 CITY - ST - ZIP	5100 SW 64TH AVE
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, JACQUELINE	4.2 NAME	SGC.
STREET ADDRESS	5080 SW 64TH AVE	4.3 STREET ADDRESS	GERRY BARBER
CITY - ST - ZIP	DAVIE FL	4.4 CITY - ST - ZIP	5100 SW 64TH AVE
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perez, Vivian	5.2 NAME	D
STREET ADDRESS	5090 SW 64TH AVENUE	5.3 STREET ADDRESS	PAM. MAUN, MANS
CITY - ST - ZIP	DAVIE FL	5.4 CITY - ST - ZIP	5080 SW 64 AVE
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD	6.2 NAME	D
STREET ADDRESS	KESTEN, ART	6.3 STREET ADDRESS	WILBUR LEIFHEIT
CITY - ST - ZIP	5080 SW 64TH AVE	6.4 CITY - ST - ZIP	5080 SW 64TH AVE
	DAVIE FL		DAVIE FL, 33314

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)