

# 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 # 752536 (3)

1. Corporation Name  
**SHARLEA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: % PAT LINS, 141 ISLE OF VENICE, FT LAUDERDALE FL 33301, US  
Mailing Address: % PAT LINS, 974 MALDEN CT, LONGWOOD FL 32750, US

3. Date Incorporated or Qualified: 05/19/1980  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21  
2a. Mailing Address: 26 141 ISLE OF VENICE  
Suite, Apt. #, etc.: 22 SA  
City & State: 23 FT LAUDERDALE FL  
Zip: 24 33301, Country: 25 US, 29 DADE, 30

4. FEI Number: 65-0031273  
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  
LINS, PATRICIA  
974 MALDEN CT  
LONGWOOD FL 32750

10. Name and Address of New Registered Agent  
81 Name: JULIO EDWARDS  
82 Street Address (P.O. Box Number is Not Acceptable): 141 ISLE OF VENICE - BOX 5A  
83  
84 City: FT LAUDERDALE, FL, 85 Zip Code: 33301

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: [Signature] DATE: 04.29/96

12. OFFICERS AND DIRECTORS	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: LINS, HENRY	
STREET ADDRESS: 141 ISLE OF VENICE 2	
CITY-ST-ZIP: FT. LAUDERDALE FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: CONSTANT, DORIS	
STREET ADDRESS: 141 ISLE OF VENICE 5	
CITY-ST-ZIP: FT. LAUDERDALE FL	
TITLE: P	<input checked="" type="checkbox"/> DELETE
NAME: LOCK, LOIS	
STREET ADDRESS: 141 ISLE OF VENICE 1	
CITY-ST-ZIP: FT. LAUDERDALE FL	
TITLE: ST	<input checked="" type="checkbox"/> DELETE
NAME: LOCKE, DAVID	
STREET ADDRESS: 141 ISLE OF VENICE 1	
CITY-ST-ZIP: FT LAUDERDALE FL	
TITLE: V	<input checked="" type="checkbox"/> DELETE
NAME: DEBOLT, SARA	
STREET ADDRESS: 141 ISLE OF VENICE 6	
CITY-ST-ZIP: FT LAUDERDALE FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: DAVIES, MARTHA	
STREET ADDRESS: 141 ISLE OF VENICE 7	
CITY-ST-ZIP: FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: JULIO EDWARDS	
1.3 STREET ADDRESS: 141 ISLE OF VENICE UNIT 5	
1.4 CITY-ST-ZIP: FT. LAUDERDALE FL 33301	
2.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: JEFFREY M. HARRIS	
2.3 STREET ADDRESS: 141 ISLE OF VENICE ST UNIT 9	
2.4 CITY-ST-ZIP: FT LAUDERDALE FL. 33301	
3.1 TITLE: S.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: EUGENE A. LESOVSKY, M.D.	
3.3 STREET ADDRESS: 141 ISLE OF VENICE ST. UNIT 5	
3.4 CITY-ST-ZIP: FT LAUDERDALE FL. 33301	
4.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: KRISTEN D. POMPSTER	
4.3 STREET ADDRESS: 141 ISLE OF VENICE ST UNIT 3	
4.4 CITY-ST-ZIP: FT LAUDERDALE FL. 33301	
5.1 TITLE: D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: SARA DEBOLT	
5.3 STREET ADDRESS: 141 ISLE OF VENICE UNIT 6	
5.4 CITY-ST-ZIP: FT LAUDERDALE FL. 33301	
6.1 TITLE: B. JORDAN STUART "D"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS: 141 ISLE OF VENICE ST UNIT 8	
6.4 CITY-ST-ZIP: FT LAUDERDALE FL 33301	

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: [Signature] PRESIDENT DATE: 04.29/96 DAYTIME PHONE #: (954) 462 2674

CR2E037 (12/95)