

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

SHARILEA 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

2a. Mailing Address

21 **141 ISLE OF VENICE**

4. FEI Number

65-0031273

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SA**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

City & State

City & State

23 **FT LAUDERDALE FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33301**

30 **DADE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINS, PATRICIA
974 MALDEN CT
LONGWOOD FL 32750

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04.29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **LINS, HENRY**
STREET ADDRESS **141 ISLE OF VENICE 2**
CITY-ST-ZIP **FT. LAUDERDALE FL**

1.1 TITLE **P** ☐ Change ☒ 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**

TITLE **D** ☒ DELETE
NAME **CONSTANT, DORIS**
STREET ADDRESS **141 ISLE OF VENICE 5**
CITY-ST-ZIP **FT. LAUDERDALE FL**

2.1 TITLE **V** ☐ Change ☒ 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**

TITLE **P** ☒ DELETE
NAME **LOCK, LOIS**
STREET ADDRESS **141 ISLE OF VENICE 1**
CITY-ST-ZIP **FT. LAUDERDALE FL**

3.1 TITLE **S.T.** ☐ Change ☒ 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**

TITLE **ST** ☒ DELETE
NAME **LOCKE, DAVID**
STREET ADDRESS **141 ISLE OF VENICE 1**
CITY-ST-ZIP **FT LAUDERDALE FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **KRISTEN D. POMPER**
4.3 STREET ADDRESS **141 ISLE OF VENICE ST UNIT 3**
4.4 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **V** ☒ DELETE
NAME **DEBOLT, SARA**
STREET ADDRESS **141 ISLE OF VENICE 6**
CITY-ST-ZIP **FT LAUDERDALE FL**

5.1 TITLE **D** ☒ Change ☐ 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**

TITLE **D** ☒ DELETE
NAME **DAVIES, MARTHA**
STREET ADDRESS **141 ISLE OF VENICE 7**
CITY-ST-ZIP **FT LAUDERDALE FL**

6.1 TITLE **B. JORDAN STUART "D"** ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

04.29/96

(954) 462 2674

CR2E037 (12/95)