

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755736 (6)

1. Corporation Name
PATIO VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 16868 PATIO VILLAGE LN. FORT LAUDERDALE FL 33326
Mailing Address: 16868 PATIO VILLAGE LN. FORT LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1980
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2046374
Applied For: Not Applicable

2. Principal Place of Business: 21 16868 PATIO VILLAGE LN. FT. LAUDERDALE FL.
2a. Mailing Address: 26 16868 PATIO VILLAGE LANE FT. LAUDERDALE FL.
22. City & State: 23 FT. LAUDERDALE FL.
24. Zip: 33326
25. Country: BRWD
27. City & State: 28 FT. LAUDERDALE FL.
29. Zip: 33326
30. Country: BRWD

5. Certificate of Status Desired: \$6.75 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. 100.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: POLIAKOFF, GARY, 3111 STERLING ROAD, FT. LAUDERDALE FL 33312-6525
10. Name and Address of New Registered Agent: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable), B3, B4 City, B5 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: PAGE, RAY	1.1 TITLE: PD	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 342 PATIO VILLAGE TERR	CITY-ST-ZIP: FT LAUDERDALE, FL 00000	1.2 NAME: DAVID M COHEN	1.3 STREET ADDRESS: 16868 PATIO VILLAGE LANE
TITLE: SD	NAME: LAWRENCE, JEANETTE	2.1 TITLE: VPD	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 538 VILLAGE LAKE DRIVE	CITY-ST-ZIP: FT LAUDERDALE FL	2.2 NAME: MAGDA HAWKINS	2.3 STREET ADDRESS: 16914 PATIO VILLAGE LANE
TITLE: TD	NAME: BUTTNER, SIEGFRED	3.1 TITLE: D	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 16807 PATIO VILLAGE LN	CITY-ST-ZIP: FT LAUDERDALE, FL 00000	3.2 NAME: RAY PAGE	3.3 STREET ADDRESS: 342 PATIO VILLAGE TERR
TITLE: PD	NAME: ZIMET, LEONARD	4.1 TITLE: SD	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 508 VILLAGE LAKE DRIVE	CITY-ST-ZIP: FT LAUDERDALE, FL 00000	4.2 NAME: PAUL LEVINSON	4.3 STREET ADDRESS: 548 PATIO VILLAGE LAKE DR.
TITLE: VPD	NAME: LEVINSON, PAUL	5.1 TITLE: D	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 548 VILLAGE LAKE DRIVE	CITY-ST-ZIP: FT. LAUDERDALE FL	5.2 NAME: LEONARD ZIMET	5.3 STREET ADDRESS: 508 PATIO VILLAGE LAKE DR.
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

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 110.07(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: DAVID M COHEN 3-8-95 305-3894594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #