

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **755736** (6)
1. Corporation Name
PATIO VILLAGE HOMEOWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **12/31/1980**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2046374**
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: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

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
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		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	COHEN, DAVID M.	
STREET ADDRESS	16868 PATIO VILLAG LANE	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	VPD	
NAME	HAWKINS, MAGOA	
STREET ADDRESS	16814 PATIO VILLAGE LANE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	D	
NAME	PAGE, RAY	
STREET ADDRESS	342 PATIO VILLAG TERR.	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	SD	
NAME	LEVINSON, PAUL	
STREET ADDRESS	548 PATIO VILLAGE LAKE DR.	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	
NAME	ZIMET, LENARD	
STREET ADDRESS	506 PATIO VILLAGE LAKE DR.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
6.2 NAME			
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 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: David Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)