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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 755736 (6)

1. Corporation Name
PATIO VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
16868 PATIO VILLAGE LN. FORT LAUDERDALE FL 33326 US
16868 PATIO VILLAGE LANE FORT LAUDERDALE FL 33326-1613 US

3. Date Incorporated or Qualified 12/31/1980
3a. Date of Last Report 02/14/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 29 Zip Country

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLIAKOFF, GARY
3111 STERLING ROAD
FT. LAUDERDALE FL 33312-6525

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME COHEN, DAVID M.
STREET ADDRESS 16868 PATIO VILLAGE LANE
CITY-ST-ZIP FT LAUDERDALE, FL 00000

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ~~VPD~~ DELETE
NAME HAWKINS, MAGOA
STREET ADDRESS 16814 PATIO VILLAGE LANE
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE SEC Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME PAGE, RAY
STREET ADDRESS 342 PATIO VILLAGE TERR.
CITY-ST-ZIP FT LAUDERDALE, FL 00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME LEVINSON, PAUL
STREET ADDRESS 548 PATIO VILLAGE LAKE DR.
CITY-ST-ZIP FT LAUDERDALE, FL 00000

4.1 TITLE Change Addition
4.2 NAME D REY, CAROL LEE
4.3 STREET ADDRESS 363 PATIO VILLAGE TERRACE
4.4 CITY-ST-ZIP FT. LAUD. FL. 33326-1613

TITLE ~~VPD~~ DELETE
NAME ZIMET, LENARD
STREET ADDRESS 506 PATIO VILLAGE LAKE DR.
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE Change Addition
5.2 NAME VPD
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1/23/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037397

CR2E037 (9/96)