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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755736

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/31/1980

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COHEN, DAVID M.	
STREET ADDRESS	16868 PATIO VILLAGE LANE	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, MAGO A	
STREET ADDRESS	16814 PATIO VILLAGE LANE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAGE, RAY	
STREET ADDRESS	342 PATIO VILLAGE TERR.	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ZIMET, LENARD	
STREET ADDRESS	506 PATIO VILLAGE LAKE DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REY, CAROL LEE	
STREET ADDRESS	363 PATIO VILLAGE TERR	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V HAWKINS, MAGO A
2.3 STREET ADDRESS	16814 PATIO VILLAGE LN
2.4 CITY-ST-ZIP	FT. LAUDERDALE FL. 33326
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T PAIGE RAY
3.3 STREET ADDRESS	342 PATIO VILLAGE TERR
3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33326
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S REY, CAROL LEE
4.3 STREET ADDRESS	363 PATIO VILLAGE TERR
4.4 CITY-ST-ZIP	FORT. LAUDERDALE FL. 33326
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WILLIAM BRAUN
5.3 STREET ADDRESS	16802 PATIO VILLAGE LANE
5.4 CITY-ST-ZIP	FT LAUDERDALE FL. 33326
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

David M. Cohen

1-8-99

954-389 4594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)