

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0048251

DOCUMENT # 755736

1. Entity Name

PATIO VILLAGE HOMEOWNERS ASSOCIATION, INC.

03-19-2001 90044 010 ****61.25

Principal Place of Business

Mailing Address

16868 PATIO VILLAGE LN.
 FORT LAUDERDALE FL 33326
 US

16868 PATIO VILLAGE LANE
 FORT LAUDERDALE FL 33326
 US

7 5 5 7 3 6



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PATIO VILLAGE LANE

Suite, Apt. #, etc.

3. Mailing Address

16868 PATIO VILLAGE LANE

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON - FL

4. FEI Number

59-2046374

Applied For

Not Applicable

Zip

33326

Country

BROWARD FL.

Zip

33326

Country

BROWARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

NA.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD COHEN, DAVID M.	<input type="checkbox"/> Delete
STREET ADDRESS	16868 PATIO VILLAGE LANE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE NAME	V HAWKINS, MAGOA	<input type="checkbox"/> Delete
STREET ADDRESS	16814 PATIO VILLAGE LANE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE NAME	T PAGE, RAY	<input type="checkbox"/> Delete
STREET ADDRESS	342 PATIO VILLAGE TERR.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE NAME	D BRAUN, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	506 PATIO VILLAGE LAKE DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE NAME	S REY, CAROL LEE	<input type="checkbox"/> Delete
STREET ADDRESS	363 PATIO VILLAGE TERR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NA.	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID M. COHEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-01

CR2E037 (10/00)