


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90253 043 ****61.25

DOCUMENT # 755736
 1. Entity Name
PATIO VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 11530 STATE ROAD 84
 DAVIE, FL 33325 US

Mailing Address
 POST OFFICE BOX 551390
 DAVIE, FL 33355

50018808



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01112006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-2046374

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WEST BROWARD COMMUNITY MANAGEMENT, INC.
 11530 STATE ROAD 84
 DAVIE, FL 33325

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GELFOND, LEO	
STREET ADDRESS	566 VILLAGE LAKE DRIVE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	V	<input type="checkbox"/> Delete
NAME	GEIMAN, ARNOLD	
STREET ADDRESS	619 VILLAGE LAKE DR	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASTELLUCCI, RED	
STREET ADDRESS	535 PATIO VILLAGE WAY	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHIRON, LOUIS	
STREET ADDRESS	522 PATIO VILLAGE WAY	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZALOR, CECILA	
STREET ADDRESS	300 PATIO VILLAGE TERR	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REFFNER, PATRICIA	
STREET ADDRESS	541 PATIO VILLAGE WAY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELMAN, ARNOLD	
STREET ADDRESS	619 VILLAGE LAKE DRIVE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, FRANCES	
STREET ADDRESS	510 PATIO VILLAGE WAY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERLOCK, BARBARA	
STREET ADDRESS	426 VILLAGE LAKE DRIVE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lists empowered.

SIGNATURE: _____ **Date** _____ **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR