FILE	NOW:	FILING	FEE	IS	\$61	.25
SOCIE		- 145 Es				

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DIVISION OF CORRECTATIONS accur

DOCUMENT #

Principal Place of Business

756081

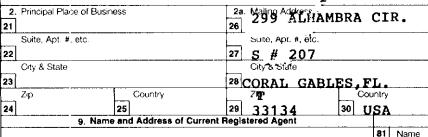
(6)

THE	COURTYARD	VILLAS	CONDOMINIUM	ASSOCIATION,	IN
^					

% ARNOLD YABLIN 699 SOUTH FEDERAL HIGHWAY HOLLYWOOD FL 33020

Mailing Address

% ARNOLD YABLIN 699 SOUTH FEDERAL HIGHWAY HOLLYWOOD FL 33020



3a. Date of Last Report

05/31/1995

Applied For

Not Applicable

	5. Certificate of Status Desired		\$8.75 Additional Fee Required
	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	This corporation has liability for Florida Statutes	intangible Ves	
	10. Name and Address of New	Registered	Agent
Name			
Street Address	s (P.O. Box Number is Not Accepta	ble)	-

YABLIN, ARNOLD 699 SOUTH FEDERAL HIGHWAY HOLLYWOOD FL 33020

C

	••									
	84	City				F	L 8		Zip Code	
abo	WO 7	named corporation	eubmite this	etatamont	for the ru	rnaca af a	hanain	n ite	e registered o	ffice.

3. Date Incorporated or Qualified

01/28/1981

59-2197705

4. FEI Number

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.

82 Stree

SIGNATURE _	Silgnature, typed or printed name of registered agent and tille if	aupicable (NOTE	Registered Agent signature r	equired when reinstating) DA	TE .	
12.	OFFICERS AND DIREC	CTORS	13.	ADDITIONS/CHANGES 10 OFFICERS	AND DIRECTO	BS IN 12
THILE	PD .	DELETE	1 1 TITLE	PD	Change	☐ Addition
NAME	KOWA, MARIA		1 2 NAME	KATHY NONINO		
STREET ADDRESS	18000 NW 68TH AVE 204		1 3 STREET ADDRESS	18000 n.w. 68 ave.#40	.0	
CITY ST-ZIP	i HALEAH EL Elec		14 CITY-ST-ZIP			
TITLE A	is The Elec	DELETE	2 1 TITLE	₩₽ŊLEAH, FL.	Change	☐ Addition
NAME	COSTA, LILLIAN		2 2 NAME	ISABEL(BETTY) BUCCIAN	TE#314	
STREET ADDRESS	18000 NW 68TH AVE 403		2 3 STREET ADDRESS	18000NW 68 AVE.		
CITY-ST-ZIP	HIALEAH FL		2 4 CITY-ST-ZIP	HIALEAH, FL.		
IIIcE	TD	DELETE	31 TITLE	TD	Change	Addition
NAME	ULLDA, JOSEPHINE		3.2 NAME	RAFAEL A. VERAS		
STREET ADORESS	18000 NW 68TH AVE 203		3.3 STREET ADDRESS	18000 nw 68 ave. #209	.	
CITY-ST-ZIP	HIALEAH FL		3.4. CITY-ST-ZIP	1	,	
TIFLE		DELETE	4.1 TITLE	HIALEA, FL.	☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST- ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME:			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
C-TY-ST-7IP			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 on an attachment with an address.

SIGNATURE:

OFFICER OR DIRECTOR

24.0000