NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 769247

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F	RONAIRE	VILLAGE	<b>HOMEOWNERS</b>	MOLTATION 22A	INIC
ι	WINNE	VILLAGE	DOMEONAMEDS:	ASSULIATION.	INL.

C/O GUARANTEE MANAGENENT SERVICES SOON MY 300 MA 500 ME 105 FT LAUDEROALE FL 53000  2. Pinnood Face of Business FT LAUDEROALE FL 53000 FT LAUDEROALE FL 53000 FT LAUDEROALE FL 53000 FT LAUDEROALE FL 53000 FT LAUDEROALE FL 54000 FT LAUDEROALE FL 540000 FT LAUDEROALE FL 5400000 FT LAUDEROALE FL 540000 FT LAUDEROALE FL 540000 FT LAUDEROALE	Principal Place	of Business	Mailing Address		<u> </u>			
SADO NA SERIO NE 2/100 FI HAUDERDALE FL 33039	C/O GUARAN	ITEE MANAGEMENT SERVICES	· ·					
2	5300 NW 33A	RD AVE #104	5300 NW 33RD AVE #1	04				
2. Principal Pades of Business   2.8. Maing Address   2.8. Maing Address   3. Fill Number   3. Fig.   3. Fill Number   3. F	FT LAUDERDA	ALE FL 33309	FT LAUDERDALE FL 33	309	3. Date Incorporated or Qualified	3a. Date of Last Report		
22					I	1		
Superior   State   S		ace of Business	2a. Mailing Address		4. FEI Number			
Comparison   Com					59-2443449	Not Applicable		
City A State    City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City A State   City	<u></u>		<u> </u>		5. Certificate of Status Desired	\$8.75 Additional		
25   Country   Zip			<del></del>			Fee Hequired		
Zip Country 76 Country 76 Country 76 S. This cryonic formation has liability for intangliability ander is 1990.02 S. Prince formation has liability for intangliability ander is 1990.02 S. Prince formation has liability for intangliability ander is 1990.02 S. Prince formation has liability for intangliability ander is 1990.02 S. Prince formation has liability for intangliability ander is 1990.02 S. Prince formation has liability for intangliability and formation for interest and Address of New Registered Agent  81 Name	_ `	•	F-¬ '					
Point Substances   Point Subst		Country		Country		Added to Fees		
10   Name and Address of New Registered Agent   10   Name and Address   10	24	<del></del>	<del></del>	<del></del>				
BIEL, ARTIE   7540 NW 79TH AVE., #T-5   0NE FINANCIAL PLAZA STE 2012   14		9. Name and Address of Currer	nt Registered Agent					
11. Passant to the provisions of Sections 617.0502 and 617.1508, Forda Statutes, the above-named concoration submits this statement for the purpose of changing for expertence of the composition of beginning of Section 617.0502 and 617.1508, Forda Statutes, the above-named concoration submits this statement for the purpose of changing for expertence of the composition of beginning of Section 617.0502 and 617.1508, Forda Statutes, the above-named concoration submits this statement for the purpose of changing for expertence of the composition of beginning of Section 617.0502 forda Statutes, the above-named concoration submits this statement for the purpose of changing for expertence of the composition of beginning of Section 617.0502 forda Statutes, and accept the obligations of Section 617.0502 forda Statutes, and accept the obligations of Section 617.0502 forda Statutes, and accept the obligations of Section 617.0502 forda Statutes, the above-named concoration submits this statement for the purpose of changing for septemed office of experience of the composition of section 11 and 12								
11. Passant to the provisions of Sections 617.0502 and 617.1508, Forda Statutes, the above-named concoration submits this statement for the purpose of changing for expertence of the composition of beginning of Section 617.0502 and 617.1508, Forda Statutes, the above-named concoration submits this statement for the purpose of changing for expertence of the composition of beginning of Section 617.0502 and 617.1508, Forda Statutes, the above-named concoration submits this statement for the purpose of changing for expertence of the composition of beginning of Section 617.0502 forda Statutes, the above-named concoration submits this statement for the purpose of changing for expertence of the composition of beginning of Section 617.0502 forda Statutes, and accept the obligations of Section 617.0502 forda Statutes, and accept the obligations of Section 617.0502 forda Statutes, and accept the obligations of Section 617.0502 forda Statutes, the above-named concoration submits this statement for the purpose of changing for septemed office of experience of the composition of section 11 and 12	BIEL, AR	TIE		82 Street	Atticus (P.O. Box Number is Not Acceptable	ROBERT LEE, ESQ.		
11. Pursuant to the provisions of Social State 2012				24	2400 E. COMMERCIAL BLVD SUITE 600			
1. Pursuant to the provisions of Sactorias 517,0502 and 617,1508. Finited Stitutes, the above-named concording structure appointment are registered office remains with, and accept the obligations of, Section 617,0503, Florida Stitutes, and accept the obligations of, Section 617,0503, Florida Stitutes, and accept the obligations of, Section 617,0503, Florida Stitutes, and accept the obligations of, Section 617,0503, Florida Stitutes, and accept the obligations of, Section 617,0503, Florida Stitutes, and accept the obligations of, Section 617,0503, Florida Stitutes, and accept the obligations of, Section 617,0503, Florida Stitutes, and sect	ONE FIN	ANCIAL PLAZA STE 2012		83				
Correspondence 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.    ROBERT LEE, ESQ.	TAMARA	C FL 33321		RA City		lot 7 Oct		
Correspondence 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.    ROBERT LEE, ESQ.				_   FT	. LAUDERDALE,	23300		
ROBERT LEE, ESQ.				of butho pomoration!	or poration submits this statement for the purp			
12.   OF FICERS AND DIRECTORS   THE PROPOSED BY THE ACT OF THE PROPOSED BY T	familiar wit	h, and accept the obligations of, Sect	ion 617.0503, Florida Statutes.			ntment as registered agent. I am		
12. OFFICERS AND DIRECTORS  13. ADDITIONS CHANGES TO OFFICE IS AND DIRECTORS IN 12    PD				ROBERT LEE	E, ESQ.			
PD   MARC   PD   BIEL, ARTIE   12 MAME   BIDER, SAM   13 STREET ADDRESS   7540 NW 79TH AVE., \$750 NW 79TH						· · ·		
NAME   SIEEL ARTIE   12 NAME   STREEL ADDRESS   7540 NW 79TH AVE., \$T-5   14 City - St - 2P   TAMARAC   FL   TAMARAC   TAMARAC   FL   TAMARAC   TAMARAC   FL   TAMARAC					ADDITIONS/CHANGES TO OFFICE			
13 STREET ADDRESS			( Hotelie		I	▼ Cuaude		
TAMARAC FL	STREET ADDRESS							
Time						P-7		
LERNER, SOL   22 NAME   LERNER, SOL   7570 NW 79TH AVE., #W-3   23 SIREET ADDRESS   7570 NW 79TH AVE., #W-3   24 CITY-S1-2P   TAMARAC FL   STD   TAMARAC FL   STEET ADDRESS   TAMARAC FL   TITLE   TD   TAMARAC FL   TAMARAC			★ DELETE		<del></del>	Tr Change Addition		
2   3   3   1   1   1   2   2   3   3   3   3   3   3   3   3	NAME	· •		1		₹ outside ☐ votition		
TAMARAC FL   2 4 CITY - ST - ZIP   TAMARAC FL   3 TITLE   SD   TAMARAC FL   3 TITLE   SD   TAMARAC FL   TAM	STREET ADDRESS					#F_6		
STD	C-TY-ST-ZIP				TAMARAC FI.	# E-0		
BIDER, SAM 7700 NW 79TH AVE., \$P-7 TAMARAC FL  TITLE D NAME KAMEN, CHRIS 7640 NW 79TH AVE., \$L-1 TILLE D SIREET ADDRESS CITY-ST-ZIP TAMARAC FL  TO TAMARAC FL  TAMARAC FL  TO TAMARAC FL  TO TAMARAC FL  TO TAMARAC, FL  TAMARAC, FL  TO TAMARAC, FL  TAMARAC, FL  TO TAMARAC, FL  TAMARAC, FL  TAMARAC, FL  TO TAMARAC, FL  TAMARAC, F	TITLE		<b>□X</b> OELETE			□ Addition		
33 STREET ADDRESS   7700 NW 79TH AVE., #P-7   34 CITY-ST-ZIP   TAMARAC FL   TD   \$\frac{1}{2} Change   Add-tion   Add-t	NAME			3.2 NAME	I = =	<b>A</b> •		
TAMARAC FL   34 GIYY-ST-ZIP   TAMARAC FL	STREET ADDRESS	7700 NW 79TH AVE., #P-7		3.3 STREET ADDRESS		0_1		
NAME NAME NAME NAME NAME NAME NAME NAME	CITY-S1-ZIP			3.4 CITY+ST-ZIP	TAMARAC. FT.	<b>4-1</b>		
TAMARAC FL   TAM	TITLE	D	<b>™</b> DELETE	4 1 TITLE	[1D]	Change Addition		
TAMARAC FL	NAME				ROSENFELD, STUART			
TAMARAC FL	STREET ADDRESS			4.3 STREET ADDRESS	7550 N.W. 79th AVENUE,	U-4		
NAME SLOVEN, LINDA 52 NAME 57750 NW 79TH AVE., #H-9 CITY-SI-ZIP TAMARAC FL DELETE DELETE DELETE DELETE DELETE D'ANTONI, RICHARD 7610 N.W. 79th AVENUE, #I-4 TAMARAC FL Change Addition Addition Change Addition					TAMARAC, FL			
STREET ADDRESS		_	DELETE	5 1 TITLE	I =-			
CITY-SI-ZIP         TAMARAC FL         5 4 CITY-SI-ZIP         TAMARAC FL           TITLE         □DELETE         61 TITLE         □ Change         □ Addition           NAME         62 NAME         □ Change         □ Addition           STREET ADDRESS         63 STREET ADDRESS         □ Change         □ Addition				5.2 NAME		_		
TITLE         DELETE         61 TITLE         Change         Addition           NAME         62 NAME         63 STREET ADDRESS         63 STREET ADDRESS				5.3 STREET ADDRESS	7610 N.W. 79th AVENUE,	#I-4		
NAME 62 NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS		IAMARAC FL	Doctor					
STREET ADDRESS 63 STREET ADDRESS			□ DETE1F	· ·		☐ Change ☐ Addition		
OTHER ACTION								
44 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 provide receipt the provide receipt that the information indicated on this provide receipt the provide receipt that the information indicated on this provide receipt the provide receipt the provide receipt that the information indicated on this provide receipt the provide	01*Y-\$1-ZIP <b>14.</b> I do hereby	certify that the information supplied a	with this filing is valuntarily from	64 CITY-ST-ZIP	life for the everytime at the discount	10.11. E		
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 73 if changed, or on an attachment with an address.	outin, that I	arriar once of director of the corpo	rauon or the receiver or mistee.	empowered to execut	e this report as required by Chapter 617, Florid	da Statutes; and that my name		

SIGNATURE: SAM BIDER 1/18/96 (954) 722-9660