

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N15210** (0)

1. Corporation Name

PATIO VILLAS OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
C/O PROFESSIONALLY YOURS, INC P.O. BOX 831 CAPE CORAL FL 33910 US	C/O PROFESSIONALLY YOURS, INC P.O. BOX 831 CAPE CORAL FL 33910 US

3. Date Incorporated or Qualified 06/03/1986	3a. Date of Last Report 02/06/1995
4. FEI Number 65-0105863	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLSON, BARBARA A.
1342 SE 46TH LANE #3
CAPE CORAL FL 33904**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIAZ, THOMAS	1.2 NAME	
STREET ADDRESS	19177 CHESHIRE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT MI	1.4 CITY - ST - ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COZAD, WILLIAM	2.2 NAME	ADAMUS, SANDRA
STREET ADDRESS	8308 ROSEDALE	2.3 STREET ADDRESS	14828 ASTER
CITY - ST - ZIP	ALLEN PARK MI	2.4 CITY - ST - ZIP	ALLEN PARK, MI 48101
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMMIT, CHARLES	3.2 NAME	
STREET ADDRESS	162011 BERNBECK	3.3 STREET ADDRESS	
CITY - ST - ZIP	RIVERVIEW MI	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara A. Olson, Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.12.96

Date

Daytime Phone #

CR2E037 (12/95)