

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N20017 (2)**
1. Corporation Name
ELYSIUM AT THE ARBORS HOMEOWNERS ASSOCIATION INC



Principal Place of Business Mailing Address
150 ELYSIUM DR. ROYAL PALM BEACH FL 33411 **150 ELYSIUM DR. ROYAL PALM BEACH FL 33411**

3. Date Incorporated or Qualified **04/07/1987** 3a. Date of Last Report **06/20/1995**
4. FEI Number **65-0062617** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LADWIG, PATTI HEIDLER
1645 PALM BEACH LAKES BLVD.
SUITE 640
WEST PALM BEACH FL 33401**

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

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

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MOORE, TIMOTHY A | |
| STREET ADDRESS | 150 ELYSIUM DR. | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | GUZMAN, CEASAR | |
| STREET ADDRESS | 134 ELYSIUM DR. | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | GARVEY, VICKI | |
| STREET ADDRESS | 129 ELYSIUM DR. | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | TROTTA, CHARLIE | |
| STREET ADDRESS | 105 ELYSIUM DR. | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | IANNI, KEN | |
| STREET ADDRESS | 128 ELYSIUM DR. | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | |
| TITLE | ASD | <input type="checkbox"/> DELETE |
| NAME | KARRH, PEGGY | |
| STREET ADDRESS | 104 ELYSIUM DR. | |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | 2ND Vice President |
| 3.3 STREET ADDRESS | Buddy Bowie |
| 3.4 CITY-ST-ZIP | 119 Elysium Drive |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | ROYAL PALM BEACH FL. 33411 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Treasurer |
| 5.3 STREET ADDRESS | Richard Juback |
| 5.4 CITY-ST-ZIP | 108 Elysium Drive |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | ROYAL PALM BEACH FL. 33411 |

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 11 or Block 10 if changed, or on an attachment with an address.

SIGNATURE: *Timothy A. Moore* - Timothy A. Moore **2/19/96** **305-420-2030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)