

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
SUITE 1220  
TALLAHASSEE, FL 32302-1220

DOCUMENT # **N27960** (6)

1. Corporation Name  
**PALM COURT PATIO HOMES HOMEOWNERS' ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**BOX 8761 HOLLYWOOD FL 33084** **BOX 8761 HOLLYWOOD FL 33084**

3. Date Incorporated or Qualified **08/19/1988** 3a. Date of Last Report **10/28/1994**  
4. FEI Number **65-0239978** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
**21** **26** **PO Box 8761**  
State, Apt. #, etc. State, Apt. #, etc.  
**22** **27**  
City & State City & State  
**23** **28** **Hollywood FL.**  
Zip Country Zip Country  
**24** **25** **33084** **29** **30** **FL** **FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FELLER, MORTON  
341 NW 101 TER  
PEMBROKE PINES FL 33026**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Feller, Morton Morton Feller  
(Signature, typed or printed name of officer or director and title is required) (Signature, typed or printed name of registered agent and title is required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELLER, MORTON	1.2 NAME	
STREET ADDRESS	341 NW 101 TER	1.3 STREET ADDRESS	
CITY, ST, ZIP	PEMBROKE PINES FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, FAITH	2.2 NAME	<b>D. MARTIN, MARIQ</b>
STREET ADDRESS	10150 NW 3RD STREET	2.3 STREET ADDRESS	<b>10200 N.W 3rd St</b>
CITY, ST, ZIP	PEMBROKE PINES FL	2.4 CITY, ST, ZIP	<b>PEMBROKE PINES FL 33026</b>
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNING, LORY	3.2 NAME	
STREET ADDRESS	391 N.W. 101 TER	3.3 STREET ADDRESS	
CITY, ST, ZIP	PEMBROKE PINES FL	3.4 CITY, ST, ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMENTEROS, SANDY	4.2 NAME	<b>TD REIDY, JAMES</b>
STREET ADDRESS	10161 N.W. 3RD ST	4.3 STREET ADDRESS	<b>10178 N.W 3rd St</b>
CITY, ST, ZIP	PEMBROKE PINES FL	4.4 CITY, ST, ZIP	<b>PEMBROKE PINES FL 33026</b>
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, MARY	5.2 NAME	
STREET ADDRESS	10160 NW 3 ST	5.3 STREET ADDRESS	
CITY, ST, ZIP	PEMBROKE PINES FL	5.4 CITY, ST, ZIP	
TITLE		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)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: Morton Feller MORTON FELLER **2/7/95** **437-7958**  
(Signature, typed or printed name of signing officer or director) (Typed or printed name of signing officer or director)