

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:43

DOCUMENT # **N34914** (4)

1. Corporation Name

L'ETOILE HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% FIRST INTERNATIONAL
3990 SHERIDAN ST., #202
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified 10/26/1989
3a. Date of Last Report 06/28/1994
4. FEI Number 65-0207180
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 3990 SHERIDAN STREET 26 3990 SHERIDAN STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SUITE 209 27 SUITE 209
City & State City & State
23 HOLLYWOOD, FL 28 HOLLYWOOD, FL
Zip Country Zip Country
24 33021 25 USA 29 33021 30 USA

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
SINGER, BERNARD A
4700 SHERIDAN ST.
STE. #8
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature (typed or printed name of registered agent and fee if applicable) NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAZER, ERIC	12 NAME	
STREET ADDRESS	FIRT INT'L REALTY 3990 SHERIDAN ST., #202	13 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33021	14 CITY - ST - ZIP	
TITLE	DV	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISDORFER, SCOTT	22 NAME	
STREET ADDRESS	FIRT INT'L REALTY 3990 SHERIDAN ST., #202	23 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33021	24 CITY - ST - ZIP	
TITLE	STD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, BERNARD A	32 NAME	
STREET ADDRESS	FIRT INT'L REALTY 3990 SHERIDAN ST., #202	33 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33021	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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 or changed, or in an attachment with an address.

SIGNATURE: *Eric Glazer, President* 1/30/95 305 981 7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Please)