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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34914 (4)
 1. Corporation Name
L'ETOILE HOMEOWNERS™ ASSOCIATION, INC.

Principal Place of Business
 Mailing Address
 % DCI
 2901 SIMMS STREET
 HOLLYWOOD, FL. 33020

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/26/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0207180 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name KAYE & ROGER, P.A.	
		82 Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6TH WAY, SUITE 103	
		83	
		84 City FT. LAUDERDALE	85 Zip Code 33309

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: *Sheldon Needle* (NOTE: Registered Agent signature required when reinstating) **Treasurer** DATE: **2-24-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT PD <input type="checkbox"/> DELETE	NAME SHELDON NEEDLE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3835 AMALFI DRIVE	CITY-ST-ZIP HOLLYWOOD, FL. 33021	1.2 NAME	
TITLE VICE PRESIDENT VD <input type="checkbox"/> DELETE	NAME LEONARD TATARSKY	1.3 STREET ADDRESS	
STREET ADDRESS 3645 VALAIS DRIVE	CITY-ST-ZIP HOLLYWOOD, FL. 33021	1.4 CITY-ST-ZIP	
TITLE SECOND VICE PRESIDENT SVPD <input type="checkbox"/> DELETE	NAME MARTIN KAUFMAN	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3720 PIEDMONT STREET	CITY-ST-ZIP HOLLYWOOD, FL. 33021	2.2 NAME	
TITLE SECRETARY SD <input type="checkbox"/> DELETE	NAME MARC FICHEL	2.3 STREET ADDRESS	
STREET ADDRESS 3605 TUSCANNY DRIVE	CITY-ST-ZIP HOLLYWOOD, FL. 33021	2.4 CITY-ST-ZIP	
TITLE TREASURER TD <input type="checkbox"/> DELETE	NAME AL BERMAN	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3110 N. 38 AVE.	CITY-ST-ZIP HOLLYWOOD, FL. 33021	3.2 NAME	
TITLE <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Sheldon Needle for L'Etoile*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____

CR2E037 (1/1/98)