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 # N43590 (1)

1. Corporation Name
FAY'S COVE AT CORAL BAY VILLAGE ASSOCIATION, INC

Principal Place of Business	Mailing Address
3141 VISTA DEL MAR MARGATE FL 33063 US	3141 VISTA DEL MAR MARGATE FL 33063 US

3. Date Incorporated or Qualified: 05/23/1991
3a. Date of Last Report: 03/29/1995

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: 2001 W. Sample Rd.
Suite, Apt. #, etc.
27: Suite 305
City & State
28: Pompano Beach, Fl
Zip 29: 33064 Country 30: Broward

4. FEI Number: 65-0404365 ☐ 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

9. Name and Address of Current Registered Agent

URBANOWSKI, PAT
3141 VISTA DEL MAR
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: Howard Torn
82 Street Address (P.O. Box Number is Not Acceptable): 2001 W. Sample Rd. Suite 305
83: Pompano Beach, FL 33064
84 City: Pompano Beach FL 85 Zip Code: 22064

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: Howard Torn S/T 5/10/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRAUSE, HOWARD 3141 VISTA DEL MAR MARGATE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	~~P~~ D E. Ruth Smith 2001 W. Sample Road, Suite 305 Pompano Beach, FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D URBANOWSKI, PAT 6578 BUENA VISTA DRIVE MARGATE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	~~VP~~ D Charles Mishner 2001 W. Sample Road, Suite 305 Pompano Beach, FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARBRADOR, YANIK D. 3141 VISTA DEL MAR MARGATE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	~~S/T~~ D Howard Torn 2001 W. Sample Road, Suite 305 Pompano Beach, FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	900001857399 -06/11/96--01014--022 ***61.25	☐ Change ☐ Addition 6/10 JZ

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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: Howard Torn 5/10/96 954 974-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Howard Torn