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

APPROVED AND FILED

95 APR 28 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000922 (5)**

1. Corporation Name

EXCELLENTE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4400 WEST SAMPLE RD. SUITE 200 COCONUT CREEK FL 33073-3450	4400 WEST SAMPLE RD. SUITE 200 COCONUT CREEK FL 33073-3450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0384326 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21 2328 S. Congress Ave	26 2328 S. Congress Ave
Suite, Apt. #, etc. 22 Suite 2A	Suite, Apt. #, etc. 27 Suite 2A
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip / Country 24 33406 / 25 U.S.	Zip / Country 29 33406 / 30 U.S.

9. Name and Address of Current Registered Agent

MINTO BUILDERS (FLORIDA), INC.
ATTN: MR. MICHAEL GREENBERG
4400 WEST SAMPLE RD., SUITE 200
COCONUT CREEK FL 33073-3450

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	X Change XX Addition
NAME	RODGERS, FRANK	12 NAME	BOKISH, GAIL	
STREET ADDRESS	4400 W. SAMPLE RD., SUITE 200	13 STREET ADDRESS	5107 E EUROPA DR	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450	14 CITY-ST-ZIP	BOYNTON BCH, FL 33437	
TITLE	STD	21 TITLE	VD	XX Change XX Addition
NAME	RODGERS, FRANK	22 NAME	ALBERT, HAROLD	
STREET ADDRESS	4400 W. SAMPLE RD., SUITE 200	23 STREET ADDRESS	5155 G EUROPA DR	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450	24 CITY-ST-ZIP	BOYNTON BCH, FL 33437	
TITLE	VD	31 TITLE	VD	X Change XX Addition
NAME	CLEMENT, GARY	32 NAME	GARDNER, LOU	
STREET ADDRESS	4400 W SAMPLE RD SUITE 200	33 STREET ADDRESS	5115 C EUROPA DR	
CITY-ST-ZIP	COCONUT CREEK FL	34 CITY-ST-ZIP	BOYNTON BCH, FL 33437	
TITLE	STD	41 TITLE	SD	X Change XX Addition
NAME	BEER, T R	42 NAME	ALLEN, MALVIN	
STREET ADDRESS	4400 W SAMPLE RD ST 200	43 STREET ADDRESS	5099 O SPLENDIDO CT	
CITY-ST-ZIP	COCONUT CREEK FL	44 CITY-ST-ZIP	BOYNTON BCH, FL 33437	
TITLE		51 TITLE	TD	XX Change XX Addition
NAME		52 NAME	KAPLAN, MORTON	
STREET ADDRESS		53 STREET ADDRESS	5091 D SPLENDIDO CT	
CITY-ST-ZIP		54 CITY-ST-ZIP	BOYNTON BCH, FL 33437	
TITLE		61 TITLE		☐ Change ☐ 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 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.

SIGNATURE: Morton Kaplan Treasurer — 4/21/95 — (407) 278-7183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000000