

**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 # **N95000002371 (1)**

1. Corporation Name

**HOME OWNERS OF PALM AIRE VILLAGE, INC.**



Principal Place of Business

Mailing Address

6701 NW 34TH AVENUE  
FORT LAUDERDALE FL 33309

6701 NW 34TH AVENUE  
FORT LAUDERDALE FL 33309

3. Date Incorporated or Qualified  
**05/15/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

**65-0597418**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

24

Country

Country

25

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PISZ, JOHN  
6701 NW 34TH AVENUE  
FORT LAUDERDALE FL 33309**

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 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

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PISZ, JOHN</b>	
STREET ADDRESS	<b>6701 NW 34TH AVENUE</b>	
CITY - ST - ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEBLASIO, JOHN</b>	
STREET ADDRESS	<b>6731 NW 34TH AVENUE</b>	
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DUGGAN, CHRISTOPHER</b>	
STREET ADDRESS	<b>6730 NW 34TH AVENUE</b>	
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Deletion <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DEBRA KING</b>	
1.3 STREET ADDRESS	<b>6581 NW 33rd WAY</b>	
1.4 CITY - ST - ZIP	<b>FT LAUD FL 33309</b>	
2.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JENNIFER BRUNS</b>	
2.3 STREET ADDRESS	<b>3101 NW 45th ST</b>	
2.4 CITY - ST - ZIP	<b>FT LAUD, FL 33309</b>	
3.1 TITLE	<b>D/V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>CHUCK DEEB</b>	
3.3 STREET ADDRESS	<b>3161 NW 43rd St</b>	
3.4 CITY - ST - ZIP	<b>FT LAUD FL 33309</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Jennifer Aubin Bruns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JENNIFER AUBIN BRUNS**

08 FEB 96 954 346 8899  
Date Daytime Phone #  
**x3012**

CR2E037 (12/96)