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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90166 009 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N95000002371**

1. Corporation Name

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

Principal Place of Business

6701 NW 34TH AVENUE  
 FORT LAUDERDALE FL 33309

Mailing Address

6701 NW 34TH AVENUE  
 FORT LAUDERDALE FL 33309



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/15/1995

4. FEI Number

65-0597418

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

9. Name and Address of Current Registered Agent

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

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 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

*John C. Pisz, Pres.*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/03/99**

12. OFFICERS AND DIRECTORS

TITLE **PD**  DELETE  
 NAME **PISZ, JOHN**  
 STREET ADDRESS **6701 NW 34TH AVENUE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **S**  DELETE  
 NAME **KING, DEBRA**  
 STREET ADDRESS **6581 NW 33RD WAY**  
 CITY-ST-ZIP **FT LAUD FL 33309**

TITLE **T**  DELETE  
 NAME **BRUNS, JENNIFER**  
 STREET ADDRESS **3127 NW 68TH ST**  
 CITY-ST-ZIP **FT LAUD FL 33309**

TITLE **DV**  DELETE  
 NAME **DEEB, CHUCK**  
 STREET ADDRESS **3161 NW 63RD ST**  
 CITY-ST-ZIP **FT LAUD FL 33309**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE **S**  Change  Addition  
 2.2 NAME **Liz Wiesend**  
 2.3 STREET ADDRESS **4531 NW 34th Ave**  
 2.4 CITY-ST-ZIP **FT LAUD FL 33309**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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:

*Jennifer King* SIGNATURE REQUIRED

10 Jan 99

954 489 6223

CR2E037 (1/198)