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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:39

DOCUMENT # 718505 (1)

1. Corporation Name

LAUDERDALE MANORS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
LAUDERDALE MANOR RECREATION CENTER 1340 CHATEAU PARK DRIVE FT. LAUDERDALE FL 33311 US	% CURRY,CATHY 1709 N.W. 15TH PLACE FT LAUDERDALE FL 33311 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1713295 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CURRY, CATHY
1709 N.W. 15TH PLACE
FT. LAUDERDALE FL 33311

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 Cathy Curry V.President — Feb. 24,1995
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	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	GRAVES, SHARON	1.2 NAME	Pat Blair
STREET ADDRESS	1663 N.W. 15TH TERRACE	1.3 STREET ADDRESS	1718 N.W. 11 Avenue
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	Ft. Lauderdale,Fl.33311
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	MINNEY, IRV	2.2 NAME	
STREET ADDRESS	1800 N.W. 16TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	CURRY, F. CATHY	3.2 NAME	
STREET ADDRESS	1709 N.W. 15TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, AMELIA	4.2 NAME	
STREET ADDRESS	1609 LAUDERDALE MANOR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☒ Change ☐ Addition
NAME	MORRIS, ILENE	5.2 NAME	V Rubye Howell
STREET ADDRESS	1524 NW 13 ST.	5.3 STREET ADDRESS	1536 N.W. 12 Terrace
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	5.4 CITY-ST-ZIP	Ft. Lauderdale,Fl. 33311
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	YATES, DAWN	6.2 NAME	
STREET ADDRESS	1625 NW 13TH CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	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)(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: Amelia Chapman — Feb. 24,1995 (305)763-1071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048002