

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 APR 26 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753632 (9)

1. Corporation Name

NEW FLORESTA HOMEOWNERS' ASSOCIATION, INC.

400001466644

-04/27/95--01051--014

***130.00 ***130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O HAWK-EYE MGMT INC
3901 N FED HWY SUITE 202
BOCA RATON FL 33431
US

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3901 N FED HWY SUITE 202
BOCA RATON FL 33431
US

3. Date Incorporated or Qualified

08/05/1990

3a. Date of Last Report

04/13/1994

4. FEI Number

59-2746794

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GELFAND, MICHAEL J., ESQ.
250 AUSTRALIAN AVE. S., SUITE 1010
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	TACK, MARSHALL
STREET ADDRESS	2911 N.W. 29TH AVENUE
CITY - ST - ZIP	BOCA RATON FL 33434
TITLE	SD
NAME	MYERS, VIRGINIA
STREET ADDRESS	2741 N.W. 29TH AVENUE
CITY - ST - ZIP	BOCA RATON FL 33434
TITLE	D
NAME	MANCELL, PATRICK
STREET ADDRESS	2911 N.W. 27TH AVE.
CITY - ST - ZIP	BOCA RATON FL
TITLE	TD
NAME	LEBERSFELD, KENNETH
STREET ADDRESS	2700 N.W. 26TH AVENUE
CITY - ST - ZIP	BOCA RATON FL
TITLE	PD
NAME	INCE, SUSAN
STREET ADDRESS	2831 NW 28TH TERR.
CITY - ST - ZIP	BOCA RATON FL 33434
TITLE	D
NAME	AGNELLO, JAMES
STREET ADDRESS	2801 N.W. 28TH CT.
CITY - ST - ZIP	BOCA RATON FL

1.1 TITLE	Director	☒ Change ☐ Addition
1.2 NAME	Lebersfeld, Kenneth	
1.3 STREET ADDRESS	3298 N.W. 26th Ave.	
1.4 CITY - ST - ZIP	Boca Raton, FL 33434	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Director	☒ Change ☐ Addition
3.2 NAME	Jose Cortina	
3.3 STREET ADDRESS	2805 N.W. 27th Drive	
3.4 CITY - ST - ZIP	Boca Raton, FL 33434	
4.1 TITLE	Treasurer	☒ Change ☐ Addition
4.2 NAME	Jeff Coleman	
4.3 STREET ADDRESS	2551 N.W. 27th Street	
4.4 CITY - ST - ZIP	Boca Raton, FL 33434	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Vice President	☒ Change ☐ 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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95

407-392-1601