

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 # 718505 (1)

1. Corporation Name

LAUDERDALE MANORS HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

**LAUDERDALE MANOR RECREATION CENTER
1340 CHATEAU PARK DRIVE
FT. LAUDERDALE FL 33311
US**

Mailing Address

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

3. Date Incorporated or Qualified
05/14/1970

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

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

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **BLAIR, PAT**
CITY-ST-ZIP **1718 NW 11 AVE**
FT LAUDERDALE, FL 00000

TITLE ☐ DELETE

NAME **RD Directors**
STREET ADDRESS **MINNEY, IRV**
CITY-ST-ZIP **1800 N.W. 16TH STREET**
FT LAUDERDALE, FL 00000

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **CURRY, F. CATHY**
CITY-ST-ZIP **1709 N.W. 15TH PLACE**
FT LAUDERDALE, FL 00000

TITLE ☐ DELETE

NAME **TD**
STREET ADDRESS **CHAPMAN, AMELIA**
CITY-ST-ZIP **1609 LAUDERDALE MANOR DR**
FT LAUDERDALE, FL 00000

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **HOWELL, RUBY**
CITY-ST-ZIP **1536 NW 12 TERRACE**
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME **SD**
STREET ADDRESS **YATES, DAWN**
CITY-ST-ZIP **1625 NW 13TH CT**
FT LAUDERDALE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Arbuary Henry = Directors** ☐ Change ☒ Addition

1.2 NAME **1642 NW 14 street**
1.3 STREET ADDRESS **Ft Lauderdale FL**
1.4 CITY-ST-ZIP **33311**

2.1 TITLE **Rodeberg Steven** ☐ Change ☒ Addition

2.2 NAME **1215 NW 21 street**
2.3 STREET ADDRESS **Ft. Lauderdale FL 33311**
2.4 CITY-ST-ZIP

3.1 TITLE **Vice President** ☐ Change ☒ Addition

3.2 NAME **Percival Samms**
3.3 STREET ADDRESS **1119 NW 15 Court**
3.4 CITY-ST-ZIP **Ft Lauderdale FL 33311**

4.1 TITLE **Gathers Beas = Directors** ☐ Change ☒ Addition

4.2 NAME **1130 NW 17 Street**
4.3 STREET ADDRESS **Ft. Lauderdale FL**
4.4 CITY-ST-ZIP **33311**

5.1 TITLE **Dennis Ulmer = President** ☐ Change ☒ Addition

5.2 NAME **1007 NW 11 place**
5.3 STREET ADDRESS **Ft. Lauderdale FL 33311**
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **200001793392**
6.3 STREET ADDRESS **-04/24/96--01089--012**
6.4 CITY-ST-ZIP *****61.25**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)