

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000005182 (1)**

1. Corporation Name

GIARDINO VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

TOWNSHIP CENTER
4400 W. SAMPLE RD., SUITE 200
COCONUT CREEK FL 33073-3450

TOWNSHIP CENTER
4400 W. SAMPLE RD., SUITE 200
COCONUT CREEK FL 33073-3450

3. Date Incorporated or Qualified
11/17/1993

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **5158 Floria Way**

26 **56 Custom Property Management**

4. FEI Number
65-0478757

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **H**

27 **2328 S. Congress Ave. Suite 2A**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Boynton Beach, FL**

28 **West Palm Beach, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33437**

25 **USA**

29 **33406**

30 **USA**

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

MINTO BUILDERS (FLORIDA), INC.
ATTN: MICHAEL GREENBERG
4400 WEST SAMPLE RD., SUITE 200
COCONUT CREEK FL 33073-3450

81 Name **Custom Property Management, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable)
2328 S. Congress Ave. Suite 2A
83
84 City **West Palm Beach** FL 85 Zip Code **33406**

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] **JAMES L. HIDALGO / Manager**

4/4/96

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------------|--|
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | RODGERS, FRANK | |
| STREET ADDRESS | 4400 W. SAMPLE RD., #200 | |
| CITY - ST - ZIP | COCONUT CREEK FL 33073-3450 | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | BEER, T R | |
| STREET ADDRESS | 4400 W. SAMPLE RD., #200 | |
| CITY - ST - ZIP | COCONUT CREEK FL 33073-3450 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | CLEMENT, GARY | |
| STREET ADDRESS | 4400 W. SAMPLE RD., #200 | |
| CITY - ST - ZIP | COCONUT CREEK FL 33073-3450 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-------------------------|--|
| 1.1 TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | George Feirstein, | |
| 1.3 STREET ADDRESS | 5158 H Floria Way | |
| 1.4 CITY - ST - ZIP | Boynton Beach, FL 33437 | |
| 2.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Norm Spiegel | |
| 2.3 STREET ADDRESS | 5133 E Britsata Cir. | |
| 2.4 CITY - ST - ZIP | Boynton Beach, FL 33437 | |
| 3.1 TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Ralph Mannheimer | |
| 3.3 STREET ADDRESS | 5134 J Floria Way | |
| 3.4 CITY - ST - ZIP | Boynton Beach, FL 33437 | |
| 4.1 TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Bill Saunders | |
| 4.3 STREET ADDRESS | 5157 H Floria Way | |
| 4.4 CITY - ST - ZIP | Boynton Beach, FL 33437 | |
| 5.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Lou Sorka | |
| 5.3 STREET ADDRESS | 5134 C Floria Way | |
| 5.4 CITY - ST - ZIP | Boynton Beach FL 33437 | |
| 6.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Seena Fass | |
| 6.3 STREET ADDRESS | 5140 L Floria Way | |
| 6.4 CITY - ST - ZIP | Boynton Beach, FL 33437 | |

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ralph Mannheimer

4/8/96

467-325-9180

CR2E037 (12/95)