

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000004168 (1)

1. Corporation Name

BAY MEADOW VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1800 S AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH FL 33409

C/O PROPERTY MGMT RESOLVE  
4000 S. 57TH AVENUE, SUITE 101  
LAKE WORTH FL 33463-4396  
US

3. Date Incorporated or Qualified  
09/15/1993

3a. Date of Last Report  
04/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Property Management Resources  
Suite, Apt. #, etc.

26 Property Management Resources  
Suite, Apt. #, etc.

22 4000 S 57th Ave Suite 101  
City & State

27 4000 S 57th Ave Suite 101  
City & State

23 Lake Worth FL

28 Lake Worth FL

24 33463-4396 25 USA

29 33463-4396 30 USA

4. FEI Number  
65-0586836

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

9. Name and Address of Current Registered Agent

K. HOVNANIAN AT WINSTON TRAILS, INC.  
1800 S AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name JERRY FLATOW

82 Street Address (P.O. Box Number is Not Acceptable)

4000 S. 57TH Ave Suite 101

83

84 City LAKE WORTH

FL

85 Zip Code 33463

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

1/01/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HINTZ, RALPH R	
STREET ADDRESS	4000 S 57TH AVE SUITE 101	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FLATOW, JERRY R	
STREET ADDRESS	4000 S 57TH AVE SUITE 101	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	BOVIO, STEVEN V	
STREET ADDRESS	1800 S AUSTRALIAN AVE #400	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOYCE M. TOMMASINO	
1.3 STREET ADDRESS	6732 REMINGTON PL.	
1.4 CITY-ST-ZIP	LAKE WORTH FL 33463	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACK HAMLIN	
2.3 STREET ADDRESS	6161 ASTORIA DR.	
2.4 CITY-ST-ZIP	LAKE WORTH FL 33463	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NORMAN KAUFFHEIL	
3.3 STREET ADDRESS	6708 REMINGTON A	
3.4 CITY-ST-ZIP	LAKE WORTH FL 33463	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PAULA LEVY	
4.3 STREET ADDRESS	6108 NEWPORT VILLAGE WAY	
4.4 CITY-ST-ZIP	LAKE WORTH FL 33463	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILLIAM B. LURIE	
5.3 STREET ADDRESS	6692 BROOKHURST CIRCLE	
5.4 CITY-ST-ZIP	LAKE WORTH FL 33463	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97

Date

Daytime Phone # 0043885

CR2E037 (9/96)