

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 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 # N94000001438 (0) 1. Corporation Name CONTEMPO WALK HOMEOWNERS ASSOCIATION, INC.																																																																																
Principal Place of Business 17340 PINES BLVD PEMBROKE PINES FL 33029		Mailing Address 17340 PINES BLVD PEMBROKE PINES FL 33029-1507																																																																														
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country																																																																														
9. Name and Address of Current Registered Agent MINTO TOWNGATE LIMITED PARTNERSHIP ATTN: MICHAEL GREENBERG 4400 WEST SAMPLE ROAD, SUITE 200 COCONUT CREEK FL 33073-3450		10. Name and Address of New Registered Agent 81 Name THOMAS R. EVANS JR 82 Street Address (P.O. Box Number is Not Acceptable) 17340 PINES BLVD 83 PEMBROKE PINES FL 85 Zip Code 33029																																																																														
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 THOMAS R. EVANS JR DATE 1-7-97																																																																																
12. OFFICERS AND DIRECTORS <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>DELETE</th></tr></thead><tbody><tr><td>STD</td><td>RODGERS, FRANK</td><td>4400 WEST SAMPLE ROAD #200</td><td>COCONUT CREEK FL 33073-3450</td><td>☒</td></tr><tr><td>PD</td><td>BEER, T R</td><td>4400 WEST SAMPLE ROAD #200</td><td>COCONUT CREEK FL 33073-3450</td><td>☒</td></tr><tr><td>VD</td><td>LANGLOIS, FRANK</td><td>4400 WEST SAMPLE ROAD #200</td><td>COCONUT CREEK FL 33073-3450</td><td>☒</td></tr><tr><td></td><td></td><td></td><td></td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td>☐</td></tr></tbody></table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	STD	RODGERS, FRANK	4400 WEST SAMPLE ROAD #200	COCONUT CREEK FL 33073-3450	☒	PD	BEER, T R	4400 WEST SAMPLE ROAD #200	COCONUT CREEK FL 33073-3450	☒	VD	LANGLOIS, FRANK	4400 WEST SAMPLE ROAD #200	COCONUT CREEK FL 33073-3450	☒					☐					☐					☐	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"><thead><tr><th>1.1 TITLE</th><th>1.2 NAME</th><th>1.3 STREET ADDRESS</th><th>1.4 CITY-ST-ZIP</th><th>Change</th><th>Addition</th></tr></thead><tbody><tr><td>PD</td><td>SPECIALE, BALDACA</td><td>15314 NW 3 ST</td><td>PEMBROKE PINES FL</td><td>☐</td><td>☒</td></tr><tr><td>VPD</td><td>GAZZANO, JOHN</td><td>365 NW 154 AVE</td><td>PEMBROKE PINES FL</td><td>☐</td><td>☒</td></tr><tr><td>STD</td><td>LACHNIGHT, GERRY</td><td>360 NW 153 AVE</td><td>PEMBROKE PINES FL</td><td>☐</td><td>☒</td></tr><tr><td></td><td></td><td></td><td></td><td>☐</td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td>☐</td><td>☐</td></tr><tr><td></td><td></td><td></td><td></td><td>☐</td><td>☐</td></tr></tbody></table>		1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition	PD	SPECIALE, BALDACA	15314 NW 3 ST	PEMBROKE PINES FL	☐	☒	VPD	GAZZANO, JOHN	365 NW 154 AVE	PEMBROKE PINES FL	☐	☒	STD	LACHNIGHT, GERRY	360 NW 153 AVE	PEMBROKE PINES FL	☐	☒					☐	☐					☐	☐					☐	☐
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CR2E037 (9/96)

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.

THOMAS R. EVANS JR 438-
33029