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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 23 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N97000004466 (5)

AVENTURA ESTATES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 1155 S SEMORAN BLVD STE 1118 1155 S SEMORAN BLVD STE 1118 WINTER PARK FL 32792 3. Date Incorporated or Qualified WINTER PARK FL 32792 <u>08/06/1997</u> Applied For 59-3468790 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 6. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes No 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEPHAN, REINHARD G 62 Street Address (P.O. Box Number is Not Acceptable) 2699 LEE ROAD STE 540 E 1118 83 WINTER PARK FL 32789 84 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 both, in the State of Florida, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligation of Section 617.0503, Florida Statutes. office or registered agent agent. I aprilamiliar r both, in the State of Flor and accept the obligation SIGNATURE il applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS ND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **DELETE** TITLE D Change 1.1 TITLE Addition NAME TEPLITSKY, IGOR 1.2 NAME STREET ADDRESS 1155 S SEMORAN BLVD STE 1118 1.3 STREET ADDRESS **WINTER PARK FL 32792** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE NAME DAVIS, LYAL A 2.2 NAME STREET ADDRESS 1155 S SEMORAN BLVD STE 1118 2.3 STREET ADDRESS CITY-ST-ZIF WINTER PARK FL 32792 2. 4 CITY-ST-ZIP DELETÉ TITLE 3.1 TITLE Change Addition NAME ANDERSON, MARILYN 3.2 NAME 1155 S SEMORAN BLVD STE 1118 STREET ADDRESS 3.3 STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP 50000246480 Sange \_\_ DELETE TITLE 5.1 TITLE -03/23/98--01013--0**93** NAME 5.2 NAME \*\*\*61.25 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change 6.1 TITLE

14. I 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 supplementar 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.

6.2 NAME

**6.3 STREET ADDRESS** 

6.4 City-St-ZiP

NAME

STREET ADDRESS

CITY-ST-ZIP