

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755736

**FILED**  
**Mar 06, 2013**  
**Secretary of State**  
**CC6066431916**

**Entity Name:** PATIO VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**Current Mailing Address:**

1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 US

**FEI Number: 59-2046374**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BAKALAR & ASSOCIATES, PA  
150 SOUTH PINE ISLAND ROAD  
STE 540  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LORENZ, KLAUS  
Address 1145 SAWGRASS CORPORATE PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title VP  
Name STEINBUCK, HENRY  
Address 1145 SAWGRASS CORPORATE PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title S  
Name ENGLERT, JOHN  
Address 1145 SAWGRASS CORPORATE PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title T  
Name CHIRON, LOUIS  
Address 1145 SAWGRASS CORPORATE PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title D  
Name FRALEY, JOHN  
Address 1145 SAWGRASS CORPORATE PARKWAY  
City-State-Zip: SUNRISE FL 33323

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KLAUS LORENZ**

**PRESIDENT**

**03/06/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date