

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #
1. Corporation Name

661412

DELVISTA TOWNHOUSE DEVELOPMENT CORP..

Principal Place of Business

Mailing Address

20481 NE Delvista Court
Aventura, FL 33180

REINSTATEMENT

83-96
ad

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26 C/O D.C.I.

4. FEI Number

59-2071375

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27 2901 Simms Street

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28 Hollywood, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29 33020

30

U.S.A.

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

ANDREW MEYROWITZ
DEVELOPMENT CONSULTANTS INC.
2901 SIMMS STREET
HOLLYWOOD, FLORIDA 33020

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

10/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
Barbara Hughes
STREET ADDRESS
20448 NE 34 Delvista Court
CITY, ST, ZIP
Aventura, FL 33180

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

TITLE ☐ DELETE

NAME
Vice President / D
Matthew Bell
STREET ADDRESS
20458 NE 34 Delvista Court
CITY, ST, ZIP
Aventura, FL 33180

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

TITLE ☐ DELETE

NAME
Secretary / D
Bonnie Kobrin
STREET ADDRESS
20404 NE 34 Delvista Court
CITY, ST, ZIP
Aventura, FL 33180

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

TITLE ☐ DELETE

NAME
Treasurer / D
Nancy Katz
STREET ADDRESS
20462 NE 34 Delvista Court
CITY, ST, ZIP
Aventura, FL 33180

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

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:

Barbara Hughes 10/20/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

96 DEC -9 PM 12:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E034 (3/96)