

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 APR 23 PM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **686956** (4)

1. Corporation Name
COMMUNITY DEVELOPERS OF ORANGE COUNTY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**550 BILTMORE WAY, #1110
CORAL GABLES FL 33134
US**

Mailing Address
**550 BILTMORE WAY, #1110
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified
09/09/1980

3a. Date of Last Report
05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number
59-2025172

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
**WEISENFELD, JOSEPH J
501 BRICKELL KEY DR., SUITE 300
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
799 Brickell Plaza
83
Suite 900
84 City
Miami FL 85 Zip Code
33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STERN, RODOLFO
STREET ADDRESS	550 BILTMORE WAY, #1110
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	ECKSTEIN, BERNARD
STREET ADDRESS	550 BILTMORE WAY, #1110
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VTD
NAME	SERVANSKY, DAVID (EX)
STREET ADDRESS	550 BILTMORE WAY, #110
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VSD
NAME	HORWITZ, ROBERTO (EX)
STREET ADDRESS	550 BILTMORE WAY, #1110
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VD
NAME	STERN, EDUARDO (EX)
STREET ADDRESS	550 BILTMORE WAY, #1110
CITY - ST - ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cari Palmisciano
6.3 STREET ADDRESS	550 Biltmore Way #1110
6.4 CITY - ST - ZIP	Coral Gables FL 33134

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 110.07(1)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addendum to an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RODOLFO STERN, President Date: **4/12/95** (Type in 11 digits)
(305) 461-2440
0140701 CP