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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 12 PM 11:46

DOCUMENT # **715370** **(3)**

1. Corporation Name
**GARDEN-AIRE VILLAGE SOUTH, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2350 NE 14 STREET<br>POMPANO BEACH FL 33062 | 2350 NE 14 STREET<br>POMPANO BEACH FL 33062 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1968
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1260773 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

GARDEN AIRE VILLAGE S. CONDO. ASSN.
2350 NE 14TH ST
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: GARY A. POLIAKOFF, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): BECKER & POLIAKOFF, P.A.
83: 3111 STIRLING ROAD
84 City: FT. LAUDERDALE FL 85 Zip Code: 33312-6525

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 _____ 4/5/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | SD | 1.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | PARIS, ROBERT | 1.2 NAME | PARIS, ROBERT | |
| STREET ADDRESS | 2350 | 1.3 STREET ADDRESS | 2350 NE 14TH ST CSWY. APT. 411 | |
| CITY-ST-ZIP | POMPANO BCH, FL 00000 | 1.4 CITY-ST-ZIP | POMPANO BCH. FL. 33062 | |
| TITLE | P | 2.1 TITLE | P | ☑ Change ☐ Addition |
| NAME | VENMAN, FRED | 2.2 NAME | VENMAN, FRED | |
| STREET ADDRESS | 350 NE 25 ST | 2.3 STREET ADDRESS | 350 NE 25TH ST. | |
| CITY-ST-ZIP | BOCA RATON FL | 2.4 CITY-ST-ZIP | BOCA RATON, FL. 33431 | |
| TITLE | VD | 3.1 TITLE | VP | ☑ Change ☐ Addition |
| NAME | HODULICK, G. | 3.2 NAME | PAUL, LEO C | |
| STREET ADDRESS | 2350 NE 14TH ST | 3.3 STREET ADDRESS | 2350 NE 14TH ST CSWY APT# 401 | |
| CITY-ST-ZIP | POMPANO BCH, FL 00000 | 3.4 CITY-ST-ZIP | POMPANO BCH, FL. 33062 | |
| TITLE | VP | 4.1 TITLE | VD | ☑ Change ☐ Addition |
| NAME | LUDWIG, PAUL | 4.2 NAME | FRUEH, JEAN | |
| STREET ADDRESS | 2350 NE 14TH ST | 4.3 STREET ADDRESS | 2350 NE 14TH ST CSWY. APT# 617 | |
| CITY-ST-ZIP | POMPANO BCH, FL 00000 | 4.4 CITY-ST-ZIP | POMPANO BCH. FL. 33062 | |
| TITLE | T | 5.1 TITLE | T | ☑ Change ☐ Addition |
| NAME | SMITH, OPHELIA | 5.2 NAME | SMITH, OPHELIA | |
| STREET ADDRESS | 2350 NE 14 ST | 5.3 STREET ADDRESS | 2350 NE 14TH ST. CSWY. APT # 707 | |
| CITY-ST-ZIP | POMPANO BEACH, FL. | 5.4 CITY-ST-ZIP | POMPANO BCH. FL. 33062 | |
| TITLE | D | 6.1 TITLE | S | ☑ Change ☐ Addition |
| NAME | PAUL, LEO C | 6.2 NAME | TERRACY, ELAINE | |
| STREET ADDRESS | 2350 NE 14TH ST. | 6.3 STREET ADDRESS | 2811 NE 41ST. ST. | |
| CITY-ST-ZIP | POMPANO BEACH FL | 6.4 CITY-ST-ZIP | LIGHTHOUSE PNT, FL. 33064 | |

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)(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.

**SIGNATURE:** _____ FRED VENMAN 3/20/94 (407)368-5074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0059760