

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 715370 (3)

1. Corporation Name

GARDEN-AIRE VILLAGE SOUTH, INC.



Principal Place of Business

Mailing Address

2350 NE 14 STREET
POMPAÑO BEACH FL 33062

2350 NE 14 STREET
POMPAÑO BEACH FL 33062

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

10/07/1968

3a. Date of Last Report

04/12/1995

4. FEI Number

59-1260773

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

10. Name and Address of New Registered Agent

POLIAKOFF, GARY A.
BECKER & POLIAKOFF, PA
3111 STIRLING RD
FT LAUDERDALE FL 33312

81 Name

Andrew J. Venitucci

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

2350 NE 14th Street Causeway #706

83

84 City

Pompano Beach

FL

85 Zip Code

33062

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 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 617.0504, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

XX DELETE

NAME

PARIS, ROBERT

STREET ADDRESS

2350 NE 14 ST CSWY #411

CITY-ST-ZIP

POMPAÑO BCH, FL 00000

TITLE

P

XX DELETE

NAME

VENMAN, FRED

STREET ADDRESS

350 NE 25 ST

CITY-ST-ZIP

BOCA RATON FL

TITLE

S

XX DELETE

NAME

TEEBAGY, ELAINE

STREET ADDRESS

2811 NE 41 ST

CITY-ST-ZIP

LIGHTHOUSE POINT FL

TITLE

VD

XX DELETE

NAME

FREUH, JEAN

STREET ADDRESS

2350 NE 14 ST CSWY #617

CITY-ST-ZIP

POMPAÑO BCH, FL 00000

TITLE

T

XX DELETE

NAME

SMITH, OPHELIA

STREET ADDRESS

2350 NE 14 ST CSWY #707

CITY-ST-ZIP

POMPAÑO BEACH, FL.

TITLE

VP

XX DELETE

NAME

PAUL, LEO C

STREET ADDRESS

2350 NE 14 ST CSWY #401

CITY-ST-ZIP

POMPAÑO BEACH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

President

XX Change

☐ Addition

1.2 NAME

Santagata, Joseph

1.3 STREET ADDRESS

2350 N.E. 14 St CSWY #615

1.4 CITY-ST-ZIP

Pompano Bch, FL. 33062

2.1 TITLE

D

Vice-Pres.

XX Change

☐ Addition

2.2 NAME

Crichton, James W

2.3 STREET ADDRESS

2350 NE 14 St CSWY #404

2.4 CITY-ST-ZIP

Pompano Bch, FL. 33062

3.1 TITLE

Secretary

XX Change

☐ Addition

3.2 NAME

Paul, LEO C

3.3 STREET ADDRESS

2350 NE 14 St CSWY #401

3.4 CITY-ST-ZIP

Pompano Bch, FL. 33062

4.1 TITLE

Second Secretary

XX Change

☐ Addition

4.2 NAME

Watson, Byron E.

4.3 STREET ADDRESS

2350 NE 14 St CSWY #702

4.4 CITY-ST-ZIP

Pompano Bch, FL. 33062

5.1 TITLE

D

Treasurer

XX Change

☐ Addition

5.2 NAME

Venitucci, Andrew J.

5.3 STREET ADDRESS

2350 NE 14 St CSWY #706

5.4 CITY-ST-ZIP

Pompano Bch, FL. 33062

6.1 TITLE

Capece, Philip

XX Change

☐ Addition

6.2 NAME

2350 NE 14 St CSWY #215

6.3 STREET ADDRESS

Pompano Bch, FL. 33062

6.4 CITY-ST-ZIP

Pompano Bch, FL. 33062

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH SANTAGATA

305 942-1003

02/14/96

Date

Daytime Phone #

Bank deposit # 70.00

CR2E037 (12/95)