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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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:42

DOCUMENT # 728621 (4)

1. Corporation Name

CLASSIC TOWNE HOUSES CONDOMINIUM WEST, INC.

Principal Place of Business	Mailing Address
4946 SHERIDAN STREET HOLLYWOOD FL 33021	4946 SHERIDAN STREET HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1974
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-1577710 ☐ 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

KAYE, ROBERT L
KAYE & ROGER, P.A.
1500 W. CYPRESS CREEK RD., SUITE 207
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	ALEMAN, ENRIQUE	12 NAME	
STREET ADDRESS	4852 SHERIDAN STREET	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ELKIN, ADRIENNE	22 NAME	
STREET ADDRESS	4716 SHERIDAN STREET	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	VD MARIE PORTNOY ☐ Change ☒ Addition
NAME	SILVERBERG, ROBERT	32 NAME	5112 Sheridan St
STREET ADDRESS	4750 SHERIDAN STREET	33 STREET ADDRESS	Hollywood FL 33021
CITY-ST-ZIP	HOLLYWOOD FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	SD DONNA HERZEK ☐ Change ☒ Addition
NAME	VALENTINE, DONNA	42 NAME	4880 Sheridan St
STREET ADDRESS	4944 SHERIDAN STREET	43 STREET ADDRESS	Hollywood FL 33021
CITY-ST-ZIP	HOLLYWOOD FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	SCHAFFER, ALAN	52 NAME	
STREET ADDRESS	4956 SHERIDAN STREET	53 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: E Aleman ENRIQUE ALEMAN Treasurer 3/22/95 (305) 989-6618
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038227