

# 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 # 728621 (4)**  
1. Corporation Name  
**CLASSIC TOWNE HOUSES CONDOMINIUM WEST, INC.**



Principal Place of Business  
**4946 SHERIDAN STREET  
HOLLYWOOD FL 33021**

Mailing Address  
**4946 SHERIDAN STREET  
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified  
**01/04/1974**

3a. Date of Last Report  
**03/27/1995**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name

**DONNA HERZEK**

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

**4880 SHERIDAN ST.**

83. City

**HOLLYWOOD FLA**

84. State

**FL**

85. Zip Code

**33021**

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 617.0503, Florida Statutes.

SIGNATURE

*Donna Herzek* PRESIDENT

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

**4/18/96**

12. OFFICERS AND DIRECTORS

|                |                      |                                            |
|----------------|----------------------|--------------------------------------------|
| TITLE          | TD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | ALEMAN, ENRIQUE      |                                            |
| STREET ADDRESS | 4852 SHERIDAN STREET |                                            |
| CITY-ST-ZIP    | HOLLYWOOD FL         |                                            |
| TITLE          | D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | ELKIN, ADRIENNE      |                                            |
| STREET ADDRESS | 4716 SHERIDAN STREET |                                            |
| CITY-ST-ZIP    | HOLLYWOOD FL         |                                            |
| TITLE          | VD                   | <input type="checkbox"/> DELETE            |
| NAME           | PORTNOY, MARIA       |                                            |
| STREET ADDRESS | 5112 SHERIDAN ST     |                                            |
| CITY-ST-ZIP    | HOLLYWOOD FL         |                                            |
| TITLE          | SD                   | <input type="checkbox"/> DELETE            |
| NAME           | HERZEK, DONNA        |                                            |
| STREET ADDRESS | 4880 SHERIDAN ST     |                                            |
| CITY-ST-ZIP    | HOLLYWOOD FL         |                                            |
| TITLE          | PD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | SCHAFER, ALAN        |                                            |
| STREET ADDRESS | 4956 SHERIDAN STREET |                                            |
| CITY-ST-ZIP    | HOLLYWOOD FL         |                                            |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-ST-ZIP    |                      |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                   |                                                                              |
|--------------------|-------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | D                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | RUTH SCHAFER      |                                                                              |
| 1.3 STREET ADDRESS | 4956 SHERIDAN ST. |                                                                              |
| 1.4 CITY-ST-ZIP    | HOLLYWOOD FLA     |                                                                              |
| 2.1 TITLE          | SD                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           | SYLVIA SCHENKMAN  |                                                                              |
| 2.3 STREET ADDRESS | 4830 SHERIDAN ST  |                                                                              |
| 2.4 CITY-ST-ZIP    | HOLLYWOOD, FLA    |                                                                              |
| 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          | P D               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                   |                                                                              |
| 4.3 STREET ADDRESS |                   |                                                                              |
| 4.4 CITY-ST-ZIP    |                   |                                                                              |
| 5.1 TITLE          | D                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | CAROLYN ALAN      |                                                                              |
| 5.3 STREET ADDRESS | 4712 SHERIDAN ST  |                                                                              |
| 5.4 CITY-ST-ZIP    | HOLLYWOOD FLA     |                                                                              |
| 6.1 TITLE          | D, T              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | ARLENE STORFER    |                                                                              |
| 6.3 STREET ADDRESS | 4914 SHERIDAN ST  |                                                                              |
| 6.4 CITY-ST-ZIP    | HOLLYWOOD FLA     |                                                                              |

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:

*Donna Herzek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)