

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065-4130 US
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>c/o UNITED COMM. MET CORP</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>3300 UNIV DRIVE #405</i>
City & State 23	City & State 28 <i>CORAL SPRINGS FL</i>
Zip 24	Country 25
29 <i>33065</i>	30

3. Date Incorporated or Qualified 01/04/1974	3a. Date of Last Report 05/01/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent DONNA HERZEK 4880 SHERIDAN ST HOLLYWOOD FL 33021	
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10. Name and Address of New Registered Agent	
81 Name <i>UNITED COMMUNITY MET CORP</i>	
82 Street Address (P.O. Box Number is Not Acceptable) <i>3300 UNIV DRIVE #405</i>	
83	
84 City <i>CORAL SPRINGS</i>	85 Zip Code <i>33065</i>

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: *UNITED COMMUNITY MET CORP* (NOTE: Registered Agent signature required when reinstating) *SEC* 4/24/97
Signature, typed or printed name of registered agent and title if applicable. DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTH SCHAFFER 4956 SHERIDAN ST HOLLYWOOD FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SYLVIA SCHENKMAN 4830 SHERIDAN ST HOLLYWOOD FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PORTNOY, MARIA 5112 SHERIDAN ST HOLLYWOOD FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERZEK, DONNA 4880 SHERIDAN ST HOLLYWOOD FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROLYN ALAN 4712 SHERIDAN ST HOLLYWOOD FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARLENE STORFER 4914 SHERIDAN ST HOLLYWOOD FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VD BLUM SARAH 4926 SHERIDAN ST HOLLYWOOD, FL 33021 ☐ Change ☒ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD CHARITON EULEN 4936 SHERIDAN ST HOLLYWOOD FL 33021 ☐ Change ☒ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D ☒ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D GOLOBERG EDWIN 4910 SHERIDAN ST HOLLYWOOD FL 33021 ☐ Change ☒ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TD VALENTINE DONNA 4944 SHERIDAN ST HOLLYWOOD FL 33021 ☐ Change ☒ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	PO ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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, changed, or on an attachment with an address.

SIGNATURE: *ARLENE STORFER*

CR2E037 (9/96)