

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:07

DOCUMENT # **738423 (3)**
1. Corporation Name
BRISTOL COURT CONDOMINIUM ASSOCIATION OF LAUDERDALE LAKES, INC.

Principal Place of Business Mailing Address
4740 N.W. 24TH COURT LAUDERDALE LAKES FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/22/1977** 3a. Date of Last Report **04/22/1994**
4. FEI Number **59-1755366** 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 Suite, Apt. #, etc. **A-100** 26 Suite, Apt. #, etc. **A-100**
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**BECKER, & POLIAKOFF, P.A.
C/O GARY A. POLIAKOFF
3111 STIRLING RD.
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LIPP, MEL
STREET ADDRESS	4800 NW 24TH CT 207-D
CITY - ST - ZIP	LAUDERDALE LAKES FL
TITLE	-PTD-
NAME	PEZZELLA, SILVIO R
STREET ADDRESS	4800 NW 24TH CT #D-111
CITY - ST - ZIP	LAUDERDALE LAKES FL
TITLE	-SD-
NAME	KENT, SUSAN L
STREET ADDRESS	4760 N.W. 24TH COURT B-101
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	-D-
NAME	GRANE, CHARLES A
STREET ADDRESS	801 W. 50TH TERRACE #1425
CITY - ST - ZIP	PLANTATION FL
TITLE	-VPD-
NAME	ZEDNICHEK, DOLORES
STREET ADDRESS	4760 N.W. 24TH COURT B-114
CITY - ST - ZIP	LAUDERDALE LAKES FL
TITLE	-D-
NAME	MAGELLA, RINALDO
STREET ADDRESS	4780 N.W. 24TH COURT #G-201
CITY - ST - ZIP	LAUDERDALE LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PREZIDENT, DIRECTOR
2.3 STREET ADDRESS	HOOLE, HARRIET
2.4 CITY - ST - ZIP	4780 N.W. 24TH COURT, C-114 LAUDERDALE LAKES, FLORIDA 33313
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PORTER, SWIRLEY
3.3 STREET ADDRESS	4740 N.W. 24TH COURT, A-207
3.4 CITY - ST - ZIP	LAUDERDALE LAKES, FLORIDA 33313
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VICE PRESIDENT / TREASURER, D
4.3 STREET ADDRESS	VRANE, CHARLES A.
4.4 CITY - ST - ZIP	901 N.W. 85 TERRACE #1425 PLANTATION, FLORIDA 33324
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	CLEMENTE, JOHN
5.4 CITY - ST - ZIP	4780 N.W. 24TH COURT, C-101 LAUDERDALE LAKES, FLORIDA 33313
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	MANSOUR, LOUIS
6.4 CITY - ST - ZIP	4740 N.W. 24TH COURT, A-206 LAUDERDALE LAKES, FLORIDA 33313

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 148.07(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 inker appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles A. Vrane FEBRUARY 16, 1995 905 735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Filing Fee #)

ADDITIONAL OFFICERS AND/OR DIRECTORS

DIRECTOR

LE MASURIER, ROSE ANN

5520 N.W. 51ST AVENUE

COCONUT CREEK, FLORIDA 33073

DIRECTOR

ALALUF, LEON

3015 N. OCEAN BOULEVARD

FORT LAUDERDALE, FLORIDA 33308

DIRECTOR

MATARAZZO, ROSE

4740 N.W. 24TH COURT, A-215

LAUDERDALE LAKES, FLORIDA 33313