

# 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 # **738423** (3)

1. Corporation Name

**BRISTOL COURT CONDOMINIUM ASSOCIATION OF LAUDERDALE LAKES, INC.**



Principal Place of Business

Mailing Address

4740 N.W. 24TH COURT  
A-100  
LAUDERDALE LAKES FL 33313  
US

4740 N.W. 24TH COURT  
A-100  
LAUDERDALE LAKES FL 33313  
US

3. Date Incorporated or Qualified  
**03/22/1977**

3a. Date of Last Report  
**02/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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**

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

**BECKER, & POLIAKOFF, P.A.  
C/O GARY A. POLIAKOFF  
3111 STIRLING RD.  
FT. LAUDERDALE FL 33312**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LIPP, MEL</b>	
STREET ADDRESS	<b>4800 NW 24TH CT 207-D</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOOLE, HARRIET</b>	
STREET ADDRESS	<b>4780 N W 24TH COURT, C-114</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PORTER, SHIRLEY</b>	
STREET ADDRESS	<b>4740 N W 24TH COURT, A-207</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VRANE, CHARLES A</b>	
STREET ADDRESS	<b>901 NW 85 TERRACE #1425</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CLEMENTE, JOHN</b>	
STREET ADDRESS	<b>4780 NW 24TH COURT, C-101</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MANSOUR, LOUIS</b>	
STREET ADDRESS	<b>4740 NW 24TH COURT, A-206</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL</b>	

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	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MATARAZZO</b>	
2.3 STREET ADDRESS	<b>4740 N.W. 24TH COURT, A-215</b>	
2.4 CITY-ST-ZIP	<b>LAUDERDALE LAKES, FLORIDA 33313</b>	
3.1 TITLE	<b>SECRETARY/TREASURER/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MARCUSON, ANN</b>	
3.3 STREET ADDRESS	<b>4760 N.W. 24TH COURT, B-11A</b>	
3.4 CITY-ST-ZIP	<b>LAUDERDALE LAKES, FLORIDA 33313</b>	
4.1 TITLE	<b>PRESIDENT/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>FOREST, JOHN</b>	
4.3 STREET ADDRESS	<b>4760 N.W. 24TH COURT, B-107</b>	
4.4 CITY-ST-ZIP	<b>LAUDERDALE LAKES, FLORIDA 33313</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN FOREST**

**JANUARY 26, 1996** 954 735 6756

Date:

Daytime Phone #

#1-310

CP2E037 (12/95)