

**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

APPROVED  
AND  
FILED

DOCUMENT # **746331 (8)**

95 MAY -1 AM 10:15

1. Corporation Name  
**THE COURTYARDS OF BROWARD CONDOMINIUM ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/20/1979</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1929308</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
<b>1840 S. W. 81ST AVENUE NORTH LAUDERDALE FL 33068</b>		<b>1840 S. W. 81ST AVENUE NORTH LAUDERDALE FL 33068</b>	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30

9. Name and Address of Current Registered Agent

**PESKIN, PHILIP  
1800 SW 81ST AVE  
NO. LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code **FL**

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 transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>PESKIN, PHILIP</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1800 S. W. 81ST AVE</b>	CITY - ST - ZIP <b>NO. LAUDERDALE FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE <b>VP</b>	NAME <b>SARNEY, SYD</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>VP/D Vice-President</b>
STREET ADDRESS <b>1820 S.W. 81ST AVE</b>	CITY - ST - ZIP <b>N LAUDERDALE FL</b>	2.2 NAME	<b>Norman Fisher</b>
		2.3 STREET ADDRESS	<b>1800 S. W. 81st Ave.</b>
		2.4 CITY - ST - ZIP	<b>No. Lauderdale, FL. 33068</b>
TITLE <b>TD</b>	NAME <b>GORIN, MACK</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1810 SW 81ST AVE</b>	CITY - ST - ZIP <b>NO. LAUDERDALE FL</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE <b>BM</b>	NAME <b>Tony Janosco</b>	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Secretary</b>
STREET ADDRESS <b>1820 S.W. 81st Ave.</b>	CITY - ST - ZIP <b>N. Lauderdale</b>	4.2 NAME	<b>Stanley Schwartz</b>
		4.3 STREET ADDRESS	<b>1800 S. W. 81st Ave.</b>
		4.4 CITY - ST - ZIP	<b>No. Lauderdale, FL. 33068</b>
TITLE <b>BM</b>	NAME <b>Sid Koffler</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>1830 S.W. 81st Ave.</b>	CITY - ST - ZIP <b>No. Lauderdale</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

**REMITTED BY MAY 1**

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip Peskin PRESIDENT 1/20/95 305-777-7808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number #)