

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 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 # 746331 (8)
1. Corporation Name
THE COURTYARDS OF BROWARD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1840 S. W. 81ST AVENUE NORTH LAUDERDALE FL 33068	Mailing Address 1840 S. W. 81ST AVENUE NORTH LAUDERDALE FL 33068-4233
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1979	3a. Date of Last Report 06/25/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-1929308	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent D PESKIN, PHILIP 1800 SW 81ST AVE NO. LAUDERDALE FL 33068				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. State 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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOTKOSKY, PHILIP	1.2 NAME	EDITH ERLICH
STREET ADDRESS	1830 S W 81ST AVE	1.3 STREET ADDRESS	1800 SW 81ST
CITY-ST-ZIP	NORTH FT LAUDERDALE FL 33068	1.4 CITY-ST-ZIP	NO. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCHENBLATT, GERALD	2.2 NAME	
STREET ADDRESS	1800 S W 81ST AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT LAUDERDALE FL 33068	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROMPETER, LEO	3.2 NAME	
STREET ADDRESS	1800 S W 81ST AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT LAUDERDALE FL 33068	3.4 CITY-ST-ZIP	
TITLE	BM <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOFFLER, SID	4.2 NAME	
STREET ADDRESS	1830 SW 81ST AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	N LAUDERDALE FL 33068	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANOSKO, ANTHONY	5.2 NAME	
STREET ADDRESS	1820 S W 81ST AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NO LAUDERDALE FL 33068	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIP PESKIN	6.2 NAME	
STREET ADDRESS	1800 SW 81ST AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NO LAUDERDALE FL 33068	6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *Philip Peskin* 3/26/97 950-722-7808

CR2E037 (9/96)