


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **746331** (8)  
1. Corporation Name  
**THE COURTYARDS OF BROWARD CONDOMINIUM ASSOCIATION, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>1840 S. W. 81ST AVENUE<br/>NORTH LAUDERDALE FL 33068</b> | Mailing Address<br><b>1840 S. W. 81ST AVENUE<br/>NORTH LAUDERDALE FL 33068</b> |
|--|--|



|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Country             |
| 24. Country                    | 25. Zip                 |
| 29. Country                    | 30. Zip                 |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>03/20/1979</b>   |  |
| 4. FEI Number<br><b>59-1929308</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Is this nonprofit corporation a homeowners association?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

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

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | 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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                                     |  |
|----------------|-------------------------------------|--|
| TITLE          | <b>D</b>                            | <input type="checkbox"/> DELETE            |
| NAME           | <b>JOTKOSKY, PHILIP</b>             |  |
| STREET ADDRESS | <b>1830 S W 81ST AVE</b>            |  |
| CITY-ST-ZIP    | <b>NORTH FT LAUDERDALE FL 33068</b> |  |
| TITLE          | <b>D</b>                            | <input type="checkbox"/> DELETE            |
| NAME           | <b>OCHENBLATT, GERALD</b>           |  |
| STREET ADDRESS | <b>1800 S W 81ST AVE</b>            |  |
| CITY-ST-ZIP    | <b>NORTH FT LAUDERDALE FL 33068</b> |  |
| TITLE          | <b>D</b>                            | <input type="checkbox"/> DELETE            |
| NAME           | <b>TROMPETER, LEO</b>               |  |
| STREET ADDRESS | <b>1800 S W 81ST AVE</b>            |  |
| CITY-ST-ZIP    | <b>NORTH FT LAUDERDALE FL 33068</b> |  |
| TITLE          | <b>BM</b>                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>KOFFLER, SID</b>                 |  |
| STREET ADDRESS | <b>1830 SW 81ST AVE</b>             |  |
| CITY-ST-ZIP    | <b>N LAUDERDALE FL</b>              |  |
| TITLE          | <b>D</b>                            | <input type="checkbox"/> DELETE            |
| NAME           | <b>JANOSKO, ANTHONY</b>             |  |
| STREET ADDRESS | <b>1820 S W 81ST AVE</b>            |  |
| CITY-ST-ZIP    | <b>NO LAUDERDALE FL 33068</b>       |  |
| TITLE          | <b>D</b>                            | <input type="checkbox"/> DELETE            |
| NAME           | <b>PESKIN, PHILIP</b>               |  |
| STREET ADDRESS | <b>1800 SW 81ST AVE</b>             |  |
| CITY-ST-ZIP    | <b>NO LAUDERDALE FL 33068</b>       |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                    |  |
|--------------------|------------------------------------|--|
| 1.1 TITLE          | <b>bm</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>Max Cohen</b>                   |  |
| 1.3 STREET ADDRESS | <b>1830 SW 81st Ave.</b>           |  |
| 1.4 CITY-ST-ZIP    | <b>North Lauderdale, FL. 33068</b> |  |
| 2.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                    |  |
| 2.3 STREET ADDRESS |                                    |  |
| 2.4 CITY-ST-ZIP    |                                    |  |
| 3.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                    |  |
| 3.3 STREET ADDRESS |                                    |  |
| 3.4 CITY-ST-ZIP    |                                    |  |
| 4.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                    |  |
| 4.3 STREET ADDRESS |                                    |  |
| 4.4 CITY-ST-ZIP    |                                    |  |
| 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 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 - PHILIP PESKIN* 2/26/98 722-7808

CR2E037 (1097)