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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90086 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 746331

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

127978 · 90086 · 10

Principal Place of Business
 1840 S. W. 81ST AVENUE
 NORTH LAUDERDALE FL 33068

Mailing Address
 1840 S. W. 81ST AVENUE
 NORTH LAUDERDALE FL 33068



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1929308	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PESKIN, PHILIP 1800 SW 81ST AVE NO. LAUDERDALE FL 33068				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DT	<input type="checkbox"/> DELETE	1.1 TITLE	SEC	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOTKOSKY, PHILIP		1.2 NAME	ERLICH, EDITH			
STREET ADDRESS	1830 S W 81ST AVE		1.3 STREET ADDRESS	1800 S.W. 81st Ave.			
CITY-ST-ZIP	NORTH FT LAUDERDALE FL 33068		1.4 CITY-ST-ZIP	NORTH LAUDERDALE, FL. 33068			
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	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COHEN, MAX		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	VP	<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	P	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PESKIN, PHILIP		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 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, with all other like empowered.

SIGNATURE: *Philips Peskin* SIGNATURE REQUIRED: *Dos.* Date: *1/29/99* Daytime Phone #: *954-722-2808*

CR2E037 (1/198)