

# 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 # 752312 (9)

1. Corporation Name

LUCAYA VILLAGE I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1310 AVENUE OF THE STARS  
COCONUT CREEK FL 33066  
US

1310 AVENUE OF THE STARS  
1001 WYNMOOR CIRCLE  
COCONUT CREEK FL 33066-1453  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1310 Avenue of the Stars

22 City & State

27 City & State

23 Zip

Country

28 Coconut Creek, FL 33066

24 Zip

Country

29 33066 30 U.S.A.

3. Date incorporated or Qualified

05/05/1980

3a. Date of Last Report

04/26/1995

4. FEI Number

59-1966361

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

RAVO, PAT T.  
1310 AVENUE OF THE STARS  
% WYNMOOR COMMUNITY COUNCIL, INC.  
COCONUT CREEK FL 33066

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | SD                      | <input type="checkbox"/> DELETE |
| NAME           | GLICKSBERG, AARON       |                                 |
| STREET ADDRESS | 2301 02 LUCAYA LANE     |                                 |
| CITY-ST-ZIP    | COCONUT CREEK, FL 0     |                                 |
| TITLE          | PD                      | <input type="checkbox"/> DELETE |
| NAME           | SALZMAN, WILLIAM        |                                 |
| STREET ADDRESS | 2303 K3 LUCAYA LANE     |                                 |
| CITY-ST-ZIP    | COCONUT CREEK, FL 0     |                                 |
| TITLE          | VP                      | <input type="checkbox"/> DELETE |
| NAME           | BAUMAN, LEONARD         |                                 |
| STREET ADDRESS | 2302 M4 LUCAYA LANE     |                                 |
| CITY-ST-ZIP    | COCONUT CREEK, FL 0     |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | TIERSTEIN, BURT         |                                 |
| STREET ADDRESS | 2304 LUCAYA LANE APT H1 |                                 |
| CITY-ST-ZIP    | COCONUT CREEK, FL 00000 |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | HELLMAN, SELMA          |                                 |
| STREET ADDRESS | 2305 C-2 LUCAYA LANE    |                                 |
| CITY-ST-ZIP    | COCONUT CREEK, FL 00000 |                                 |
| TITLE          | AD                      | <input type="checkbox"/> DELETE |
| NAME           | DOMINTZ, JACK           |                                 |
| STREET ADDRESS | 2301, N2 LUCAYA LANE    |                                 |
| CITY-ST-ZIP    | COCONUT CREEK           |                                 |

|                    |   |
|--------------------|---|
| 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          | <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 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: *William Salzman - Bill Salzman* 1/26/96 (954) 965-2527  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)