

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756811 (6)

1. Corporation Name

NEW MARK GLEN TENANTS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 6800 NW 39 AVENUE, RT. 2 BOX 823 158, COCONUT CREEK, FL 33073
Mailing Address: 6800 NW 39 AVENUE, RT. 2 BOX 823 158, COCONUT CREEK, FL 33073

3. Date Incorporated or Qualified: 03/17/1981
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2145878

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: DUBOIS, VIRGINIA, 6800 NW 39 AVE, RT 2 HBOX 150, COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

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: *Virginia Dubois* (Signature, typed or printed name of registered agent and title if applicable) DATE: 4/6/95 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: PD	NAME: FERGUSON, ED
STREET ADDRESS: 6800 N.W. 39 AVE, LOT 289	CITY-ST-ZIP: COCONUT CREEK FL
TITLE: VPD	NAME: MARQUIS, JAMES L.
STREET ADDRESS: 6800 NE 29TH AVE LOT 310	CITY-ST-ZIP: COCONUT CREEK FL
TITLE: VPD	NAME: RAVNEE, BOB
STREET ADDRESS: 6800 N.W. 39TH AVE, LOT 271	CITY-ST-ZIP: COCONUT CREEK FL
TITLE: S	NAME: DUBOIS, VIRGINIA
STREET ADDRESS: 6800 N.W. 39 AVE, LOT 158	CITY-ST-ZIP: COCONUT CREEK FL
TITLE: T	NAME: JONES, ROY
STREET ADDRESS: 6800 NW 39 AVE LOT 257	CITY-ST-ZIP: COCONUT CREEK FL
TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD	1.2 NAME: WEISS, BARBARA
1.3 STREET ADDRESS: 6800 NW 39 AVE, LOT 113	1.4 CITY-ST-ZIP: COCONUT CREEK, FL
2.1 TITLE: VPD	2.2 NAME: LITTLE, BILL
2.3 STREET ADDRESS: 6800 NW 39 AVE, LOT 153	2.4 CITY-ST-ZIP: COCONUT CREEK, FL
3.1 TITLE: VPD	3.2 NAME: LABALBO, VERA
3.3 STREET ADDRESS: 6800 NW 39 AVE LOT 163	3.4 CITY-ST-ZIP: COCONUT CREEK, FL
4.1 TITLE:	4.2 NAME:
4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
5.1 TITLE: T	5.2 NAME: CARTER, RUBY
5.3 STREET ADDRESS: 6800 NW 39 AVE LOT 290	5.4 CITY-ST-ZIP: COCONUT CREEK, FL
6.1 TITLE:	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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BARBARA WEISS *Barbara Weiss* DATE: 305-426-5517