FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APR [illegible]

[illegible] 11:25

TALLAHASSEE, FLORIDA

DOCUMENT # **G47046** **(9)**

1. Corporate Name

THE NATIONAL ASSOCIATION OF HOME OWNERS, INC.

Principal Place of Business	Mailing Address
% ALAN J. WERKSMAN ~~STE. 100 INTERCENTER~~ 160 SW 12TH AVENUE DEERFIELD BEACH FL 33442-0102	% ALAN J. WERKSMAN ~~STE. 100 INTERCENTER~~ 160 SW 12TH AVENUE DEERFIELD BEACH FL 33442-0102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1983

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 65-0133769 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22: Suite 101B

Suite, Apt. #, etc. — 27: Suite 101B

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 | County — 25 | Zip — 29 | County — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WERKSMAN, ALAN J.
160 S.W. 12TH AVE. #101B
DEERFIELD BEACH FL 33442-0102

10. Name and Address of New Registered Agent

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 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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ROSENTHAL, LAWRENCE M.	12 NAME	
STREET ADDRESS	10275 COLLINS AVE #1109	13 STREET ADDRESS	
CITY ST ZIP	BAL HARBOUR FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☑ Change ☐ Addition
NAME	BERNSTEIN, JOYCE	22 NAME	
STREET ADDRESS	~~3385 PINEWALK DRIVE N.~~	23 STREET ADDRESS	10275 Collins Avenue - #1109
CITY ST ZIP	~~MARGATE FL~~	24 CITY ST ZIP	Bal Harbour, Fl 33154
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	~~DICKSTEIN, MYRON~~	32 NAME	
STREET ADDRESS	~~175 E 74TH ST #6B~~	33 STREET ADDRESS	
CITY ST ZIP	~~NEW YORK NY~~	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added above or on an attachment with an address.

SIGNATURE: [signature] L. M. Rosenthal 4/28/95 (305)866-1711

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Telephone Number

0437970 FP