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NONPROFITA CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N00529

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EAST VILLAGE MASTER ASSOCIATION, INC.

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Principal Place of Business Mailing Address				DIN DIBIN DIBIN DIBIN DIBIN BUÇIN BIBAN ADDI	
3000 EAST VILLAGE DRIVE VENICE FL 34293		3000 EAST VILLAGE DRIN VENICE FL 34293	3000 EAST VILLAGE DRIVE		
A S	1			3. Date Incorporated or Qualified 12/22/1983	3a. Date of Last Report 04/27/1995
2. Principal P	lace of Business	2a. Mailing Address 26 899 Woodh	0.0	4. FEI Number	Applied For
Suite, Apt.	#, etc.	26 899 WOOD Suite, Apt. #, etc.	rioge Dic	59-2434033	Not Applicable
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Venice	<u> </u>	Trust Fund Contribution	Added to Fees
24	Country 25	34293	Country	This corporation has liability for int	
	9. Name and Address of Currer		30 Darasot	Florida Statutes 10. Name and Address of New Re	Yes No
81 Name					
KELLY, I	ralph		ea Sycont	Dualass JESS	
380 GREY HERON CIRCLE Street Flores				ddrefis (P.O. Box Number is Not receptable)	
VENICE FL 34293			20 /) a. O. a. A	3	
84 City, /				1 WOOD BKIDE	E DC
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 compartical broad of the purpose of changing its registered office.					
or register	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid	i and 617.1508, Florida Statutes, da. Such change was authorized	the above-named corp by the corporation's b	poration submits this statement for the purpopard of directors. Thereby accept the appoint	ose 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 large accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE 1255 CQ DOUGLESS - MOPUT 1055 ICQ DOUGLES 5-10-96 Signature, byted or printed trans of registered agent and by I applicable UTE Registered April signature despired when reinstating: DATE DATE					
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIBECTORS IN 12
TITLE	PD VELLY DATE!	DEFELE	1.1 TITLE		Change Addition
NAME	KELLY, RALPH 3080 GREY HERON CIR	•	1.2 NAME	BaxTer, Jim	_
STREET ADDRESS	VENICE FL		1.3 STREET ADDRESS	831 Kilder C)	^- I
CITY-ST-ZIP TITLE	VD	™ DELETE	1.4 CITY - ST - ZIP	enice, 1-1, 392	92
NAME	LINDHOLM, PAUL	KADILIT	2 1 THILE 2 2 NAME	1. talina Charles	Change
STREET ADDRESS	1761 KILBEER CT.		2 3 STREET ADDRESS	3/62 EastVillage	DR_
CITY-ST-ZIP	VENICE FL		2 4 CITY-ST-ZIP	Venice FL 34	297
TITLE	SD	DEFELE	3 1 TITLE +		Change Addition
NAME	YASSO, DONALD	•	3 2 NAME	Beck Vera 1428 Quail Lake Du	, –
STREET ADDRESS	3223 MEADOW RUN DR. VENICE FL		3 3 STREET ADDRESS	14 28 Quail Lake the	_
CITY-ST-ZIP TITLE	D	-N DELETE	3.4. CITY-S1-ZIP 4.1 TITLE	Venice, 1-1 392	12
NAME	MAY, TIM	- Betterie	4.2 NAME	Legal I Color	☐-Change ☐ Addition
STREET ADDRESS	1475 QUAIL LAKE DR.		4.3 STREET ADDRESS	2232 Gast Village	CIR
CITY-ST-ZIP	VENICE FL		4.4 CITY - ST - ZIP	Venice, FL 342	
TITLE	TD	DELETE	5 1 TITLE	•	Change Addition
NAME	LAPIRA, PAUL		5 2 NAME	00000187	
STREET ADDRESS	3215 MEADOW RUN DR VENICE FL		5.3 STREET ADDRESS	-06/24/980104 ***61.25	3006
CITY - ST - ZIP	D	EX PÉLETE	5.4 CITY - ST - ZIP 6.1 TITLE	****D1.25	
NAME	SMALLEY, REED	- Waren	62 NAME		Change
STREET ADDRESS	3003 SEAWIND CIRCLE		6 3 STREET ADDRESS		Jan 1
CITY-ST-ZIP	VENICE FL		SACITY ST 7ID		Carre
 14. I do hereby certify that 	y certify that the information supplied with the information indicated on this annual	with this filing is voluntarily furnished a report or supplemental acquait	ed and does not qualify	for the exemption stated in Section 119.07	3)(k). Horida Struktes-I further
14. Lob 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). Horida Strutter 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 certify 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 X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Deta Daytine Proce #					