## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/07: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

DOCUI	MENT # N0568(	0 (6)					
OUR PL	.ACE HOMEOWNERS ASSO	CIATION, INC.					
Principal Plac	e of Business	Mailing Address				HI BILLI QUBU DICH QIL	
P.O. BOX 772146 CORAL SPRINGS FL 33077-2146 US		P.O. BOX 772146 CORAL SPRINGS FL 33077-2146 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3a. Date of Last Report			
				. ,,	10/16/1984	04/17/	1996
2. Principal P	Place of Business 2a. Mailing Address				4. FEI Number 59-2686594		Applied For
	26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						Not Applicable  75 Additional
22 27		<del> </del>			5. Certificate of Status Desired	,	e Required
City & State		City & State			6. Election Campaign Financing		00 May Be
Zip	Country	Zip	Country		Trust Fund Contribution  8. This corporation owes or has pa		ded to Fees
24	25	29	30		Personal Property Tax due June		
	g. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			
KATZMAN, LEIGH C ESQ.			B2 3	Street Addre	ss (P.O. Box Number is Not Acceptab	ole)	
KATZMAN & KORR, P.A.			83				
1100 S. STATE ROAD 7, SUITE 102 MARGATE FL 33068							
			1 1	City		FL	Zip Code
11. Pursuant	to the provisions of Sections 617.0502	2 and 617,1508, Florida Statu	tes, the above-n	amed corpo	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changi	ng its,registered
agent. I a	m familiar with, and accept the obliga	tions of Section 617.0503, Fi	lorida Statutes.	io corporatio	or board of birodolois. Thereby doods	at the appointment	t as registorou
SIGNATURE .	Signature, typed or printed name of registered ager	nl and title If applicable (NO	TE: Registered Agent a	signature required	d when reinstating)	DATE	
12,	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	PD	XX DELETE	1.1 TITLE	PD		Char	nge Addition
NAME	GREENE, ELYSE		1.2 NAME		rman, Beryl E.		. ,
STREET ADDRESS	6004 NW 3RD ST		1.3 STREET AD	13	08 SW 74th Ave.		
CITY-ST-ZIP TITLE	MARGATE FL VD	DELETE	1.4 CITY-ST-Z		. Lauderdale, FL3306	8	nge
NAME	WEINSTEIN, EVAN	XX vicini	2.2 NAME	AD		XX Char	igo <u>III</u> ripalitori
STREET ADDRESS	6086 NW 3RD ST		2.3 STREET AD		aver, Robert J.		
CITY-ST-ZIP	MARGATE FL		2.4 C(TY-ST-		32 NW 3rd St. rgate, FL 33063		
TITLE	SD	XX DELETE	3.1 TITLE	SD	rgate, Th 55005	XX Char	nge Addition
NAME	VIGILANTE, JANET		3.2 NAME	Sc	hram, Brandy		
STREET ADDRESS	2175 SW 48TH AVE, APT 1715	<b>)</b>	3.3 STREET AD	DRESS 20:	3 NW 60th		
CITY-ST-ZIP TITLE	POMPANO BCH FL	DELETE	3.4. CITY-ST- 4.1 TITLE	ZIP Ma:	rgate, FL-33063	Char	nge Addition
NAME	TD Robinson, Lloyd	XX DELETE	4.2 NAME	TD		XX Char	inge C Magainsi
STREET ADDRESS	6028 NW 3RD ST		4.3 STREET AD		rez, Ralph		
CITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-2	<sub>NP</sub>   603	14 NW 3rd St.		
TITLE	D	XX DELETE	5.1 TITLE	Man	rgate, FL 33063	Char	nge 🔲 Addition
NAME	FORMAN, BERYL	AA	5.2 NAME	D D		AA	
STREET ADDRESS	6016 NW 3RD ST		5.3 STREET AD		gilante, Janet		
CITY-ST-ZIP	MARGATE FL		5.4 CITY-ST-2		3 NW 60th		
TITLE		DELETE	6.1 TITLE	Mai	rgate, FL 33063	☐ Char	nge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STAEET AD	DRESS (			

14. I do 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.

9/10/07

**FILED** 

Aug 27 1997 8:00am

Secretary of State