

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 26 AM 7:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N12554 (4)**

1. Corporation Name  
**ELEUTHERA VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
1001 WYNMOOR CIRCLE COCONUT CREEK FL 33066-1453 US  
1310 AVENUE OF THE STARS COCONUT CREEK FL 33066-1453 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/16/1985</b>	3a. Date of Last Report <b>03/18/1994</b>
4. FEI Number <b>59-2656741</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>1310 Avenue of the Stars</b> Suite, Apt. #, etc. 22 City & State 23 <b>Coconut Creek FL</b> Zip 24 <b>33066</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>USA</b> Country 30
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9. Name and Address of Current Registered Agent <b>RAVO, PAT T. 1310 AVENUE OF THE STARS 1001 WYNMOOR CIRCLE COCONUT CREEK FL 33066</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<b>NARDELLA, MATTHEW 1803 B-2 ELEUTHERA PT. COCONUT CREEK FL</b>	1.1 TITLE P	<b>Jules Yelner</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>1803 B-2 ELEUTHERA PT. COCONUT CREEK FL</b>	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>1801 Eleuthera Pt. Apt B1 Coconut Creek FL 33066</b>
TITLE V	<b>KRISEL, LEONARD 1802 B-2 ELEUTHERA PT COCONUT CREEK FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>1802 B-2 ELEUTHERA PT COCONUT CREEK FL</b>	3.1 TITLE D	<b>Leon Mironov</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<b>KISS, ALEX 1804 K-1 ELEUTHERA PT COCONUT CREEK FL</b>	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>1804 Eleuthera Pt. C-3 Coconut Creek FL 33066</b>
STREET ADDRESS CITY-ST-ZIP	<b>1804 K-1 ELEUTHERA PT COCONUT CREEK FL</b>	4.1 TITLE SD	<b>Jocelyn Roth</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<b>COLTON, DAVID 1801 G-1 ELEUTHERA PT COCONUT CREEK FL</b>	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>1803 Eleuthera Pt. A-4 Coconut Creek FL 33066</b>
STREET ADDRESS CITY-ST-ZIP	<b>1801 G-1 ELEUTHERA PT COCONUT CREEK FL</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AD	<b>KRISEL, EVELYN 1802 B-2 ELEUTHERA PT COCONUT CREEK FL</b>	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	<b>1802 B-2 ELEUTHERA PT COCONUT CREEK FL</b>	6.1 TITLE TD	<b>Harry Lavine</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AD		6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>1805 Eleuthera Pt. C-4 Coconut Creek FL 33066</b>
STREET ADDRESS 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)(4), 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: Jules Yelner *Jules Yelner* 1/16/95 968-3105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #