FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N12554

(4)

ELEUTHERA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address						ALFORD BLOCK BURN	81811 9 1811 91817 1884	
Principal Place of Business Mailing Address								
1310 AVENUE OF THE STARS 1310 AVENUE OF THE ST.								
	REEK FL 33066	COCONUT CREEK FL 33066-1453						
US		US				3. Date incorporated or Qualified	3a. Date of L	
						12/16/1985	04/2	6/1995
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2656741 Not Applicable		
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional
22		27					F	ee Required
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be		
7:0	Country 700		Counts			Trust Fund Contribution	A	ded to Fees
Zip				Country			8. This corporation has liability for intangible tax under s. 199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes				
	3. Italie and Addiess of Odifetti	negistered Agent		81	Name	TO. Name and Address of New A	egistereu Agent	
5440 5				•	Hame			
RAVO, PAT T.				82 Street Address (P.O. Box Number is Not Acceptable)				
1310 AVENUE OF THE STARS				83				
1001 WYNMOOR CIRCLE				03				
COCON	UT CREEK FL 33066		Ī	84	City		en 85	Zip Code
44 5							FL 🐃	
or register	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid	and 617.1508, Florida Statute a. Such change was authorize	es, the aboved and by the c	/e-ri oroc	ramed co oration's	rporation submits this statement for the pur board of directors. I hereby accept the appo	oose of changing introduction	its registered office
familiär wit	h, and accept the obligations of, Section	on 617.0503, Florida Statutes.				and a control of the copy	anti-nort 20 regiote	add agont rain
SIGNATURE _								
12.	Signature, typed or printen name of registered agent a			Agrani	tsgnature re	squred when reinstategi	DATE OF DOLAND FUEL A	22250 1112
TITLE	OFFICERS AND	DELETE	13. 11 TIT			ADDITIONS/GHANGES TO OFFI		
	•	Преселе				D	Chan	ge 🔲 Addition
NAME STATES LEDDESS	,		1.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE			1.4 CIT		T- 7IP	5	Chan	ge 🔀 Addition
ļ	•		2 ' 111					
NAME	KRISEL, LEONARD			22 NAME 5		Shirley Zirin Point, Apt. D.2		
STREET ADDRESS	1802 B-2 ELEUTHERA PT					econot Creek, FL 33066		
CITY - ST - ZIP			2 4 Cl			LICEAUT Creek, FL.		
TITLE	_	-					Char.	ge
NAME Object appropria	MIRONOV, LEON		3.2 NA					
STREET ADDRESS	1803 ELEUTHERA PT C-3				ADDRESS			
CITY - ST - ZIP			3.4 Cr	_	T ZIP		[]	as [7] Azancas
TITLE	SD DOTH JOSELVII	[_]ntrut	4 1 TIT		ļ	D	⊠ Chan	ge [] Addition
NAME	ROTH, JOCELYN		4 2 N.A					
STREET ADDRESS	1803 ELEUTHERA PT A-4				ADDRESS			
CITY-ST-ZIP	COCONUT CREEK FL		4 4 C!T		T - ZIP			
TITLE	AD	DELETE	5 1 T·Ti			P/D	≥ Chan	ge Addition
NAME	KRISEL, EVELYN		5 2 NA					
STREET ADDRESS	COCCULIT OPERIA PI		1		ADDRESS			
CITY-ST-ZIP	COCONUT CREEK FL				T - Z IP	[] At		
TILLE	TD	DELETE	61 TiTi				Chan	ge
NAME	LEVINE HARRY		6.2 NA					
STREET ADDRESS	1805 ELEUTHERA PT C-4		6351	REE [ADDRESS			
CFY-ST-ZIP	COCONUT CREEK FL	11 d. 1 20	6 4 CIT	Y - S1	T-ZIP			
14. TOO Dereb	y ceruity that the information supplied w	iun this filing is voluntarily furni	isned and c	ioes	s not qua	lify for the exemption stated in Section 119.0	//(3)(k), Florida St	atutes. I further

I. I do 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), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Example Karaci

1/26/46 (454) Date: Phone k

CR2E037 (12/9