

**NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT



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

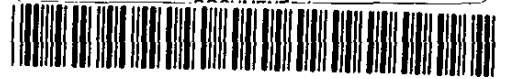
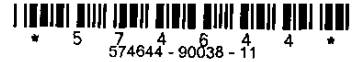
06-10-1999 90038 001 \*2,695.00

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**DOCUMENT # N12554 (4)**

1. Corporation Name

**ELEUTHERA VILLAGE CONDOMINIUM ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified	12/16/1985
4. FEI Number	59-2656741
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**RAVO, PAT T.**  
 1310 AVENUE OF THE STARS  
~~1004 WINDMOOR CIRCLE~~  
 COCONUT CREEK FL 33066

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	FL

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 corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D YELNER, JULES 1801 ELEUTHERA PT. APT B1 COCONUT CREEK FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MIRONOV, LEON 1803 ELEUTHERA PT C-3 COCONUT CREEK FL	2.1 TITLE	VP/D
NAME		2.2 NAME	Paul Burstin
STREET ADDRESS		2.3 STREET ADDRESS	1804 Eleuthera Point, Apt. 2-2
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coconut Creek, FL 33066
TITLE	D ROTH, JOCELYN 1803 ELEUTHERA PT A-4 COCONUT CREEK FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD KRISEL, EVELYN 1802 B-2 ELEUTHERA PT COCONUT CREEK FL	4.1 TITLE	D
NAME		4.2 NAME	Joseph Schobert
STREET ADDRESS		4.3 STREET ADDRESS	1802 Eleuthera Point, Apt K-3
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Coconut Creek, FL 33066
TITLE	TD LEVINE HARRY 1805 ELEUTHERA PT C-4 COCONUT CREEK FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

*Jocelyn Roth, President 5/18/99 (954) 978-2600*