

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12554

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** ELEUTHERA VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

**New Principal Place of Business:**

**Current Mailing Address:**

1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 330661453 US

**New Mailing Address:**

FEI Number: 59-2656741

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUCE BANDLER  
1310 AVENUE OF THE STARS  
COCONUT CREEK, FL 33066 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: JACOBS, PEARL  
Address: 1804 ELEUTHERA POINT A-3  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D  
Name: VINICUR, RUTH  
Address: 1802 ELEUTHERA POINT, APT B3  
City-St-Zip: COCONUT CREEK, FL 33066

Title: P  
Name: DI ROSA, PETER  
Address: 1803 ELEUTHERA POINT, A PT A-2  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D  
Name: GATTI, LEONARD  
Address: 1805 ELEUTHERA POINT, APT N-3  
City-St-Zip: COCONUT CREEK, FL 33066

Title: VPD  
Name: YELNER, JULES  
Address: 1801 ELEUTHERA POINT, APT. B-1  
City-St-Zip: COCONUT CREEK, FL 33066

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER DI ROSA

P

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date