

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:27

DOCUMENT # N15230 (8)

1. Corporation Name

ASCOT PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5295 TOWN CENTER RD. #200
C/O LANG MANAGEMENT CO.
BOCA RATON FL 33486

5295 TOWN CENTER RD. #200
C/O LANG MANAGEMENT CO.
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

06/04/1986

03/28/1994

4. FEI Number

59-2734199

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACSON, WILLIAM K.
5295 TOWNCENTER RD, STE 200
BOCA RATON FL 33486

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLICKSILVER, HARVEY
STREET ADDRESS	5347 ASCOT BEND
CITY- ST- ZIP	BOCA RATON FL
TITLE	DV
NAME	HELFT, ROBERT
STREET ADDRESS	5353 ASCOT BEND
CITY- ST- ZIP	BOCA RATON FL
TITLE	VST
NAME	JAGGERS, ARNIE
STREET ADDRESS	5400 ASCOT BEND
CITY- ST- ZIP	BOCA RATON FL
TITLE	TD
NAME	HURVITZ, ARNOLD
STREET ADDRESS	5340 ASCOT BEND
CITY- ST- ZIP	BOCA RATON FL
TITLE	SD
NAME	LEVY, JOANN
STREET ADDRESS	5455 ASCOT BEND
CITY- ST- ZIP	BOCA RATON FL
TITLE	D
NAME	BAROFSKY, NORMAN
STREET ADDRESS	5293 ASCOT BEND
CITY- ST- ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HELFT, ROBERT	
1.3 STREET ADDRESS	5353 ASCOT BEND	
1.4 CITY- ST- ZIP	BOCA RATON, FL 33494	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEVY, JOANN	
2.3 STREET ADDRESS	5455 ASCOT BEND	
2.4 CITY- ST- ZIP	BOCA RATON, FL 33494	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HURVITZ, ARNOLD	
4.3 STREET ADDRESS	5340 ASCOT BEND	
4.4 CITY- ST- ZIP	BOCA RATON, FL 33494	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VICTOR, LOIS	
5.3 STREET ADDRESS	5473 ASCOT BEND	
5.4 CITY- ST- ZIP	BOCA RATON, FL 33494	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BAROFSKY, NORMAN	
6.3 STREET ADDRESS	5293 ASCOT BEND	
6.4 CITY- ST- ZIP	BOCA RATON, FL 33494	

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)(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 person or persons 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, only on the front of this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-95

(407) 750-8800

Title

Daytime Phone #