

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

3. Date Incorporated or Qualified  
**06/04/1986**

3a. Date of Last Report  
**03/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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**

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



Yes  No

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 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          | PD               | <input checked="" type="checkbox"/> DELETE |
| NAME           | HELFT, ROBERT    |                                            |
| STREET ADDRESS | 5353 ASCOT BEND  |                                            |
| CITY-ST-ZIP    | BOCA RATON FL    |                                            |
| TITLE          | VD               | <input type="checkbox"/> DELETE            |
| NAME           | LEWY, JOANN      |                                            |
| STREET ADDRESS | 5455 ASCOT BEN   |                                            |
| CITY-ST-ZIP    | BOCA RATON FL    |                                            |
| TITLE          | D                | <input checked="" type="checkbox"/> DELETE |
| NAME           | HURVITZ, ARNOLD  |                                            |
| STREET ADDRESS | 5340 ASCOT BEND  |                                            |
| CITY-ST-ZIP    | BOCA RATON FL    |                                            |
| TITLE          | SD               | <input type="checkbox"/> DELETE            |
| NAME           | VICTOR, LOIS     |                                            |
| STREET ADDRESS | 5473 ASCOT BEND  |                                            |
| CITY-ST-ZIP    | BOCA RATON FL    |                                            |
| TITLE          | TD               | <input type="checkbox"/> DELETE            |
| NAME           | BAROFSKY, NORMAN |                                            |
| STREET ADDRESS | 5293 ASCOT BEND  |                                            |
| CITY-ST-ZIP    | BOCA RATON FL    |                                            |
| TITLE          |                  | <input type="checkbox"/> DELETE            |
| NAME           |                  |                                            |
| STREET ADDRESS |                  |                                            |
| CITY-ST-ZIP    |                  |                                            |

|                    |                     |                                                                              |
|--------------------|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | PD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | GLUCKSTEIN, ALLAN   |                                                                              |
| 1.3 STREET ADDRESS | 5448 ASCOT BEND     |                                                                              |
| 1.4 CITY-ST-ZIP    | BOCA RATON FL 33496 |                                                                              |
| 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 33496 |                                                                              |
| 3.1 TITLE          | TD                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           | DIMAIO, RONALD      |                                                                              |
| 3.3 STREET ADDRESS | 5383 ASCOT BEND     |                                                                              |
| 3.4 CITY-ST-ZIP    | BOCA RATON FL 33496 |                                                                              |
| 4.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                     |                                                                              |
| 4.3 STREET ADDRESS |                     |                                                                              |
| 4.4 CITY-ST-ZIP    |                     |                                                                              |
| 5.1 TITLE          | D                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | BAROFSKY, NORMAN    |                                                                              |
| 5.3 STREET ADDRESS | 5293 ASCOT BEND     |                                                                              |
| 5.4 CITY-ST-ZIP    | BOCA RATON FL 33496 |                                                                              |
| 6.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                     |                                                                              |
| 6.3 STREET ADDRESS |                     |                                                                              |
| 6.4 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 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, changed, or on an attachment with an address.

SIGNATURE:

*John V.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96

(407) 750-8800

Date Daytime Phone #

CR2E037 (12/95)