


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N33823 (8)</b> 1. Corporation Name <b>VILLAS OF CARRIAGE HILLS LM 275, INC.</b>					
Principal Place of Business <b>275 GATE ROAD APT 106 HOLLYWOOD FL 33024</b>		Mailing Address <b>275 GATE ROAD APT 106 HOLLYWOOD FL 33024</b>			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>08/18/1989</b> 4. FEI Number <b>NOT APPLICABLE</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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	
9. Name and Address of Current Registered Agent <b>GARFIELD, NEIL F., ESQ. 5950 W OAKLAND PARK BLVD SUITE 200 LAUDERHILL FL 33313</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	AVITABILE, JOSEPH				
STREET ADDRESS	275 GATE RD, #106				
CITY-ST-ZIP	HOLLYWOOD FL				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	PINTO, LEO				
STREET ADDRESS	% 275 GATE RD, #106				
CITY-ST-ZIP	HOLLYWOOD FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	KAZLOW, MYRA				
STREET ADDRESS	% 275 GATE RD, #106				
CITY-ST-ZIP	HOLLYWOOD FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	KAZLOW, FRANCES				
STREET ADDRESS	% 275 GATE RD, #106				
CITY-ST-ZIP	HOLLYWOOD FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ANDRENO, LOUIS				
STREET ADDRESS	% 275 GATE RD, #106				
CITY-ST-ZIP	HOLLYWOOD FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
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 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.					
SIGNATURE: <b>SIGNATURE REQUIRED</b> Signature and typed or printed name of signing officer or director <b>AVITABILE, JOSEPH</b> <b>Joseph Avitabile</b> <b>1/13/98</b> <b>954-962-6345</b>					

CR2E037 (10/97)