

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N37020 (7)
1. Corporation Name
THE BUCKHEAD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**% ALLEN T. SIMMENS
1900 NW 60TH AVE
LAUDERHILL FL 33313**

Mailing Address
**% ALLEN T. SIMMENS
1900 NW 60TH AVE
LAUDERHILL FL 33313**

3. Date Incorporated or Qualified
03/12/1990

3a. Date of Last Report
02/22/1995

4. FEI Number
65-0178282

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

2. Principal Place of Business
21 **11636 N.W. 5th Street**
Suite, Apt. #, etc.

2a. Mailing Address
26 **11636 N.W. 5th Street**
Suite, Apt. #, etc.

City & State
23 **Plantation, Florida 33325**

City & State
28 **Plantation, Florida 33325**

Zip
24
Country
25

Zip
29
Country
30

9. Name and Address of Current Registered Agent

**SIMMENS, ALLEN T.
1900 NW 60TH AVE
LAUDERHILL FL 33313**

10. Name and Address of New Registered Agent

81 Name
Richard Gappen

82 Street Address (P.O. Box Number is Not Acceptable)
11636 N.W. 5th Street

83

84 City
Plantation

85 State
FL

Zip Code
33325

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 *Richard M. Gappen* (Treasurer)

2-26-96

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	SIMMENS, JOSEPH F.	
STREET ADDRESS	1900 NW 60TH AVE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	SIMMENS, ALLEN T.	
STREET ADDRESS	1900 NW 60TH AVE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHNIDER, RONALD E.	
STREET ADDRESS	7770 W OAKLAND PARK BLVD	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SIMMENS, ALLEN T.	
STREET ADDRESS	1900 NW 60TH AVE	
CITY-ST-ZIP	LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Marc Rohr	
13 STREET ADDRESS	11625 N.W. 5th Street	
14 CITY-ST-ZIP	Plantation, Fla. 33325	
21 TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Alan Kaye	
23 STREET ADDRESS	11737 N.W. 5th Street	
24 CITY-ST-ZIP	Plantation, Fla. 33325	
31 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Richard Gappen	
33 STREET ADDRESS	11636 N.W. 5th Street	
34 CITY-ST-ZIP	Plantation, Fla. 33325	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 if changed, or on an attachment with an address.

SIGNATURE:

Marc Rohr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 26, 1996

Date

(954) 452-6155

Daytime Phone #

CR2E037 (12/95)