

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 # N49598 (8)
1. Corporation Name
8382 HOME ASSOCIATION, INC.



Principal Place of Business: **7450 STIRLING RD HOLLYWOOD FL 33024**
Mailing Address: **1100 NW 70TH TERR PLANTATION FL 33313 US**

3. Date Incorporated or Qualified: **06/29/1992**
3a. Date of Last Report: **05/23/1995**
4. FEI Number: **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) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**COSENTINO, ROBERT
300 SW 70 TERRACE
PEMBROKE PINES FL 33023**

10. Name and Address of New Registered Agent
81 Name: **COSENTINO, ROBERT**
82 Street Address (P.O. Box Number is Not Acceptable): **6486 SARANAC CIRCLE**
83 **DAVIE**
84 City: **FL** 85 Zip Code: **33331**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CASSERLY, THOMAS	
STREET ADDRESS	9020 SW 55 ST	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COSENTINO, ROBERT	
STREET ADDRESS	300 SW 70 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DELPIANO, PETER	
STREET ADDRESS	1820 NW 87TH AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TOTH, ALBERT	
STREET ADDRESS	1100 N.W 70TH TERR	
CITY-ST-ZIP	PLANTATION 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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COSENTINO, ROBERT
2.3 STREET ADDRESS	6486 SARANAC CIRCLE
2.4 CITY-ST-ZIP	DAVIE, FL 33313
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 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: *Albert Toth* **ALBERT TOTTH** 4/17/96 (954) 584-7586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)