

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001779 (7)**

1. Corporation Name

**SYNERGY COHOUSING, INC.**



Principal Place of Business	Mailing Address
<b>710 NW 6TH AVENUE DANIA FL 33004</b>	<b>P.O. BOX 102 DANIA FL 33004-0102 US</b>

3. Date Incorporated or Qualified

**04/11/1994**

4. FEI Number

**65-0492171**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 PO Box 102**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State  
Dania, FL**

**27**

City & State

**23 Zip 33004-0102 Country USA**

**28**

Zip

Country

**24**

**29**

Zip

Country

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOSKIN, CHRISTINE  
991 E. COUNTRY CLUB CIRCLE  
PLANTATION FL 33317**

**81 Name Sari Winston**

**82 Street Address (P.O. Box Number is Not Acceptable)  
5840 SW 36 Terrace**

**83**

**84 City  
Fort Lauderdale**

**FL**

**85 Zip Code  
33312**

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

*Sari Winston*

**Sari Winston**

**4/30/98**

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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHLIFER, GARY</b>	
STREET ADDRESS	<b>710 NW 6TH AVENUE</b>	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOSKIN, CHRISTOPHER</b>	
STREET ADDRESS	<b>710 NW 6TH AVENUE</b>	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>YUGLER, COREY</b>	
STREET ADDRESS	<b>710 NW 6TH AVENUE</b>	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOSKIN, CHRISTINE</b>	
STREET ADDRESS	<b>710 NW 6TH AVENUE</b>	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>N/A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PO Box 102</b>	
1.3 STREET ADDRESS	<b>5840 SW 36 Terrace</b>	
1.4 CITY-ST-ZIP	<b>Dania, FL 33004-0102</b>	<b>Ft Lauderdale 33312</b>

2.1 TITLE	<b>N/A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PO Box 102</b>	
2.3 STREET ADDRESS	<b>5840 SW 36 Terrace</b>	
2.4 CITY-ST-ZIP	<b>Dania, FL 33004-0102</b>	<b>Ft Lauderdale 33312</b>

3.1 TITLE	<b>N/A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PO Box 102</b>	
3.3 STREET ADDRESS	<b>5840 SW 36 Terrace</b>	
3.4 CITY-ST-ZIP	<b>Dania, FL 33004-0102</b>	<b>Ft Lauderdale 33312</b>

4.1 TITLE	<b>N/A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PO Box 102</b>	
4.3 STREET ADDRESS	<b>5840 SW 36 Terrace</b>	
4.4 CITY-ST-ZIP	<b>Dania, FL 33004-0102</b>	<b>Ft Lauderdale 33312</b>

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:

*Christine Hoskin*  
**Christine Hoskin**

**4/30/98**

**954-433-9815**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 954-433-9815

CR2E037 (1097)