FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003732 (4)**

1. Corporation Name
LAS VERDES TOWNHOMES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15900 PINES BLVD. PEMBROKE PINES FL 33027	15900 PINES BLVD. PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1994
3a. Date of Last Report:
4. FEI Number: 65-0509291 ☐ Applied For ☐ Not Applicable

21	2. Principal Place of Business: 101 N.W. 72ND AVE.	26 2a. Mailing Address: 101 NW. 72ND AVE.
22	Suite, Apt. #, etc:	27 Suite, Apt. #, etc:
23	City & State: PLANTATION FL	28 City & State: PLANTATION, FL
24	Zip: 33317 25 Country: USA	29 Zip: 33317 30 Country: USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIMON, ERIC A
1500 N.W. 49TH ST.
SUITE 401
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: George E. McArdle
82 Street Address (P.O. Box Number is Not Acceptable): 101 N.W. 72ND AVE.
83
84 City: PLANTATION FL 85 Zip Code: 33317

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	MCARDLE, GEORGE	12 NAME		
STREET ADDRESS	15900 PINES BLVD.	13 STREET ADDRESS	101 N.W. 72ND AVE.	
CITY ST ZIP	PEMBROKE PINES FL 33072	14 CITY ST ZIP	PLANTATION, FL 33317-2214	
TITLE	DVST	21 TITLE		☐ Change ☐ Addition
NAME	BERNSTEIN, MICHAEL	22 NAME		
STREET ADDRESS	15900 PINES BLVD.	23 STREET ADDRESS	101 N.W. 72ND AVE.	
CITY ST ZIP	PEMBROKE PINES FL 33072	24 CITY ST ZIP	PLANTATION, FL 33317-2214	
TITLE	DVS	31 TITLE		☐ Change ☐ Addition
NAME	BARR, JOHN	32 NAME		
STREET ADDRESS	15900 PINES BLVD.	33 STREET ADDRESS	101 N.W. 72ND AVE.	
CITY ST ZIP	PEMBROKE PINES FL 33072	34 CITY ST ZIP	PLANTATION, FL 33317-2214	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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: [signature] 4/18/95 305-564-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006672