

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 # N94000003732 (4)

1. Corporation Name

LAS VERDES TOWNHOMES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

101 NW 72 AVE
PLANTATION FL 33317
US

101 NW 72 AVE
PLANTATION FL 33317
US

3. Date Incorporated or Qualified
07/28/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O PMS CORPORATION

26 C/O PMS CORPORATION

4. FEI Number

65-0509291

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 8299 CORAL WAY

27 8299 CORAL WAY

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33155

25 USA

Zip

Country

29 33155

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCARDLE, GEORGE E.
101 NW 72 AVE
PLANTATION FL 33317

81 Name
JULIO CONZALEZ-PORTUONDO C/O PMS CORPORATION

82 Street Address (P.O. Box Number is Not Acceptable)
8299 CORAL WAY

83

84 City
MIAMI

FL

85 Zip Code
33155

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

Julio Conzalez-Portuondo

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MCARDLE, GEORGE	
STREET ADDRESS	101 NW 72 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DVST	<input checked="" type="checkbox"/> DELETE
NAME	BERNSTEIN, MICHAEL	
STREET ADDRESS	101 NW 72 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	BARR, JOHN	
STREET ADDRESS	101 NW 72 AVE	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STERMER, LEE	
1.3 STREET ADDRESS	681 S.W 158 WAY B-11-5	
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LAPORTE, GIRARD	
2.3 STREET ADDRESS	681 S.W. 158 TERRACE # B1-5	
2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KLECKNER, FRANK	
3.3 STREET ADDRESS	801 S.W. 158 TERRACE #B5-1	
3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-96

431-0419

CR2E037 (12/95)