

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000002188 (9)**

1. Corporation Name

**HOMEOWNERS AT LA COSTA, INC.**



Principal Place of Business

Mailing Address

**1200 WESTON ROAD  
SUITE 214  
FT LAUDERDALE FL 33306**

**1200 WESTON ROAD  
SUITE 214  
FT LAUDERDALE FL 33306**

2. Principal Place of Business

2a. Mailing Address

21 **1200 S. Pine Island Rd.**

26 **1200 S. Pine Island Rd**

3. Date Incorporated or Qualified  
**05/08/1995**

3a. Date of Last Report

4. FEI Number  
**65-0578768**

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

**Suite 230**

**Suite 230**

23 City & State

28 City & State

**Plantation FL**

**Plantation FL**

24 Zip

25 Country

29 Zip

30 Country

**33324**

**USA**

**33324**

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEGAL INFORMATION SERVICES, INC.  
1200 WESTON ROAD  
SUITE 214  
FT LAUDERDALE FL 33306**

81 Name **Randolph J.F. Potter**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Rd.**  
83 **Suite 230**  
84 City **Plantation** **FL** 85 Zip Code **33324**

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

*Randolph J.F. Potter*  
Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating

**4-23-96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **EDELSTEIN, MARVIN**  
STREET ADDRESS **16270 LA COSTA DRIVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33326**

1.1 TITLE **Lori Hayden** ☐ Change ☒ Addition  
1.2 NAME **209 La Costa Circle**  
1.3 STREET ADDRESS **Ft. Lauderdale, FL 33326**  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **POTTER, RANDOLPH J**  
STREET ADDRESS **16270 LA COSTA DRIVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33326**

2.1 TITLE **Ruth Luria** ☐ Change ☒ Addition  
2.2 NAME **16070 La Costa Dr.**  
2.3 STREET ADDRESS **Ft. Lauderdale, FL 33326**  
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **FRADIN, SUE**  
STREET ADDRESS **16271 LA COSTA DRIVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33326**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MEDOFF, ELLIOT**  
STREET ADDRESS **211 LA COSTA CT**  
CITY-ST-ZIP **FT LAUDERDALE FL 33326**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **GOPNIALEZ, MIKE**  
STREET ADDRESS **16091 LA COSTA DRIVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33326**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

**4-23-96 954 472-6100**  
Date Daytime Phone #

CR2E037 (12/95)