

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 # N95000003853 (7)

1. Corporation Name

VILLAGE OF LA MANCHA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3132 N PINE ISLAND ROAD
SUNRISE FL 33351

Mailing Address

3132 N PINE ISLAND ROAD
SUNRISE FL 33351

3. Date Incorporated or Qualified
08/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

☒ 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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMERY, MICHAEL R
4875 N FEDERAL HWY 7TH FLOOR
FT LAUDERDALE FL 33308

81 Name

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

83

84 City

FL

85 Zip Code

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

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 PD
NAME MILSHEIN, TZVI
STREET ADDRESS 3132 N PINE ISLAND ROAD
CITY-ST-ZIP SUNRISE FL 33351 ☐ DELETE

1.1 TITLE VD
1.2 NAME MICHAEL MILSHEIN
1.3 STREET ADDRESS 3132 N. PINE ISLAND RD. SUNRISE
1.4 CITY-ST-ZIP FLA 33351 ☒ Change ☐ Addition

TITLE VD
NAME STERN, NANCY
STREET ADDRESS 3132 N PINE ISLAND ROAD
CITY-ST-ZIP SUNRISE FL 33351 ☒ DELETE

2.1 TITLE PD
2.2 NAME MILSHEIN TZVI
2.3 STREET ADDRESS 3132 N. PINE ISLAND RD. SUNRISE
2.4 CITY-ST-ZIP FLA. 33351 ☐ Change ☐ Addition

TITLE STD
NAME MILSHEIN, MICHAEL
STREET ADDRESS 3132 N PINE ISLAND ROAD
CITY-ST-ZIP SUNRISE FL 33351 ☐ DELETE

3.1 TITLE STD
3.2 NAME MILSHEIN MICHAEL
3.3 STREET ADDRESS 3132 N. PINE ISLAND RD. SUNRISE
3.4 CITY-ST-ZIP FLA. 33351 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

3/26/96

954-5723885

CS 4/1/96

CR2E037 (12/95)