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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 760641 (1)

1. Corporation Name

COUNTRY VILLAGE ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O BECKER MGMT.. INC P O BOX 24756 FT LAUDERDALE FL 33307-4756 US	C/O BECKER MGMT.. INC P O BOX 24756 FT LAUDERDALE FL 33307-4756 US

3. Date Incorporated or Qualified: 11/09/1981
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-2530677 ☐ 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

9. Name and Address of Current Registered Agent

BECKER, BLAIR R
2175 NE 56 ST #114
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	GERZINA, JACK		1.2 NAME	TONY SOWARD	
STREET ADDRESS	7363 WEXFORD TERRACE		1.3 STREET ADDRESS	5098 NW. 43 CT.	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33319	
TITLE	TD	☐ DELETE	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	GLOVER, CHARLES		2.2 NAME	CARLA SOWARD	
STREET ADDRESS	2421 N.W. 36TH STREET		2.3 STREET ADDRESS	5098 NW. 43 CT	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	LAUDERdale LAKES, FL 33319	
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BREMNER, RICHARD		3.2 NAME		
STREET ADDRESS	11364 ROYAL PALM BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUSKIN, YETTIE		4.2 NAME		
STREET ADDRESS	3650 INVERRAY DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		4.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SOWARD, CARLA		5.2 NAME		
STREET ADDRESS	7621 TAM O SHAWTER BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	NO LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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:X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0035793