

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT
 1899



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 469607 ✓
 1. Corporation Name
 Country Lane Condominium NO. 1 ASSOCIATION INC.

FILED
 99 SEP -9 PM 1:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 17000 NW 67 AVENUE
 MIAMI, FL 33015

REINSTATEMENT 98-99 SP

21	2a	3
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Date incorporated or Qualified
22	27	4
City & State	City & State	FEI Number 59-2408037
23	28	5
Zip	Zip	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
Country	Country	Country
25	29	30
Country	Country	Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Stephan Straley P.A.	81 Name Stephan J. Straley P.A.
	82 Street Address (P.O. Box Number is Not Acceptable) 390 Sheridan Street
	83 Suite 109
	84 City Nelly Wood
	85 Zip Code FL 33021

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: Stephan J. Straley (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adriana Salinas	1.2 NAME	600002988336--4
STREET ADDRESS	17000 N.W. 67 AVENUE, #412	1.3 STREET ADDRESS	-09/15/99--01101--002
CITY-ST-ZIP	Miami, FL 33015	1.4 CITY-ST-ZIP	****297.50 ****297.50
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Gauding	2.2 NAME	
STREET ADDRESS	17000 N.W. 67 AVENUE, #119	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33015	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard Tallon	3.2 NAME	
STREET ADDRESS	17000 NW 67 AVENUE, #115	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33015	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Juan Ortega	4.2 NAME	
STREET ADDRESS	17000 NW 67 AVENUE, #113	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33015	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Adriana Salinas ADRIANA SALINAS, 4/21/99 (305)883-8887
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E037 (1/198)