

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
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95 APR 19 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 769608 (1)  
1. Corporation Name  
COUNTRY LANE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
C/O PMS CORP 8299 CORAL WAY MIAMI FL 33155  
C/O PMS CORP 8299 CORAL WAY MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/28/1983 3a. Date of Last Report 03/28/1994  
4. FEI Number 59-2383767 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 The Continental Group 26 12079 SW 131 Avenue  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Miami, Florida  
24 Zip 25 Country 28 33186 30 USA

9. Name and Address of Current Registered Agent  
HYMAN MICHAEL  
44 W FLAGLER  
14TH FLOOR  
MIAMI FL 33130

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Carlos Carcus* (NOTE: Registered Agent signature required when reappointing) DATE 4/5/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POULSON STEVEN
STREET ADDRESS	17000 NW 67 AVE, #310
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	MCKOY, SHIRLEY
STREET ADDRESS	17000 NW 67 AVE., #335
CITY - ST - ZIP	MIAMI FL 33015
TITLE	ST
NAME	KINARD, JIM L
STREET ADDRESS	17000 NW 67 AVE., #341
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Carcus, Carlos	
13 STREET ADDRESS	17000 NW 67 Ave. #213	
14 CITY - ST - ZIP	Miami, Florida 33015	
21 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Hallback, Elmon	
23 STREET ADDRESS	17000 NW 67 Ave. #241	
24 CITY - ST - ZIP	Miami, Florida 33015	
31 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Perez, William	
33 STREET ADDRESS	17000 NW 67 Ave. #444	
34 CITY - ST - ZIP	Miami, Florida 33015	
41 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	McKoy, Shirley	
43 STREET ADDRESS	17000 NW 67 Ave. #335	
44 CITY - ST - ZIP	Miami, Florida 33015	
51 TITLE	D/	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Rojas, Armando	
53 STREET ADDRESS	17000 NW 67 Ave. #226	
54 CITY - ST - ZIP	Miami, Florida 33015	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(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 upon an appointment with an address.

SIGNATURE: *Carlos Carcus* SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR Date 4/5/95