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NONPROFIT **CORPORATION** ANNUAL REPORT

2001



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1990							
DOCUMENT 1. Corporation Name	#						

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COLINTRY LANE DRODERTY OWNEDS ASSOCIATION INC

THE CONTINENTAL GROUP E290 CORAL WAY MAMAR FL 33155 US 3. Date incorporated or Qualified 4. FEI Number 4. Pageod or The Applied to Pageod or Date incorporated or Date		INT LANE PROPERTY UNI		NU.							
Application	Principal Place	e of Business	Mailing Address				1 100111	10019 \$1110 10113 0	4914 48194 19 11 1	11911 BIBIO BIBIO BIBI	ic Bibit Actio (Adio
S. Deside Incorporation of Qualified Society Col. 19/1905	8299 CORAL	WAY	MIAMI FL 33186								
2. Principes Pauce of Business 28. Mailing Address 26. Country 59-2383767							1	•	lified 3		
COUNTRY LANE P.O.A 2e C / O THE CONTINENTAL GROUP 59-2383767 Not Acquisitable Subset April File	2. Principal Pl	ace of Business	2a. Mailing Address							<u>`</u> ,	
Suite, Apt. #, etc. 200 100	COUNTR	Y LANE P.O.A	26 c/o THE CONT	INEN	TAL G	OUP	59-2	383767		 	
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Age 33015 Ze USA 2e 33186 30 USA B. This corporation has liability for intergible tax under s. 190.032, ploted Statutes week No. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of Not Accept 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Name and Address of New Registered Agent 10. Name and							1		ing m		
1		······································		Cor	ıntnı		 			Aude	
9. Name and Address of Current Registered Agent HYMAN MICHAEL 44 W FLAGLER 14TH FLOOR MAME FL 33130 85 Orly FL 85 Zb Code 11. Pursuant to the provisions of Socions 617.0502 and 617.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing fie registered diffice 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 adjapance of, Section 617.0503, Ploridal Statutes, the above-named corporation submits this statement for the purpose of changing fie registered diffice or registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a deep the adjapance of, Section 617.0503, Ploridal Statutes. SIGNATURE 12. OFFICES AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICES AND DIRECTORS 13. MACHINE ACCEPTANCE TO THE Purpose of Addition MCKOY, SHIRLEY 14. DPT-51-2P MIAMI FL 33015 12. NAME 13. STREET ADDRESS 17.000 NW 67 AVE. #213 13. MACHINE ALLERANCE STREET ADDRESS 17.000 NW 67 AVE. #213 13. MACHINE ALLERANCE STREET ADDRESS 17.000 NW 67 AVE. #213 13. MACHINE ALLERANCE STREET ADDRESS 17.000 NW 67 AVE. #213 13. MACHINE ALLERANCE STREET ADDRESS 17.000 NW 67 AVE. #213 13. MACHINE ALLERANCE STREET ADDRESS 17.000 NW 67 AVE. #213 13. MACHINE ALLERANCE STREET ADDRESS 17.000 NW 67 AVE. #213 13. MACHINE ALLERANCE STREET ADDRESS 17.000 NW 67 AVE. #213 13. MACHINE ALLERANCE STREET ADDRESS 17.000 NW 67 AVE. #213 13. MACHINE ALLERANCE STREET ADDRESS 17.000 NW 67 AVE. #213 13. MACHINE ALLERANCE STREET ADDRESS 17.000 NW 67 AVE. #213 13. MACHINE ALLERANCE STREET ADDRESS 17.000 NW 67 AVE. #213 13. MACHINE ALLERANCE STREET ADDRESS 17.000 NW 67 AVE. #241 13. MACHINE ALLERANCE STREET ADDRESS 17.000 NW	4 33015			├─ ० ••	•						199.032,
HYMAN MICHAEL 44 W FLAGLER 14TH FLOOR MIAMIF IL 33130 88 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0562 and 617.1508. Florids Statutes, two above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar view, and accept the deligations of Sections 617.0563. Florids Statutes, two above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar view, and accept the deligations of Sections 617.0563. Florids Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. SIRVER ACCESS 11. ITIE PD XXDELET 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. SIRVER ACCESS 17000 NW 67 AVE. #213 13. SIRVER ACCESS 17000 NW 67 AVE. #213 13. SIRVER ACCESS 17000 NW 67 AVE. #213 13. SIRVER ACCESS 17000 NW 67 AVE. #214 14. STORM FL. 33015 17000 NW 67 AVE. #241 17000 NW 67 AVE. #244 17000 NW 67 AVE. #444 17000 NW 67 AVE. #449 17000 NW 67 AVE. #439 17000 NW 67 AVE. #335		9. Name and Address of Curren	t Registered Agent								
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MIAMIFE 33130					02 3000	A Addres	SS (F.O. DOX 140)	IIDEF IS NOT ACC	е ркао ю ј		
11. Fursion to the provisions of Sections 617.0500 and 617.1500. Finds Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or inspected agent, or both, in the State of Fords, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office formular with, and accept the obligations of, Section 617.0503, Fiorida Statutes. Signature Symbol Part P	14TH F	LOOR			83						
11. Pursuant to the provisions of Soctions B17.0502 and 617.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered depent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signific. Injury 1. Po	MIAMI F	EL 33130			84 City		***			PE 70	2 Code
Compared to be compared to collegations of Section 617 Code, Florida Statutes					`					FL I i i	
Survive to period range of registered agent and the flagociation NOTE Populative required when mentalizing DATE	or register	ed agent, or both, in the State of Fond	ia. Such change was altinorized	the about the d	ive-named corporation	corporat 's board	ion submits this of directors. I he	statement for the reby accept the	ne purpose i appointme	of changing its re ont as registered	egistered office agent. I am
12.	SIGNATURE _										
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MIAMI FL 33015		,							#		
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		y certify that the information supplied w	vith this filing is voluntarily furnish	6.4 CI	ry-ST-ZIP	ualify for	the everntion of	tated in Section	110 (17/2)(1	A Elorido Pantid	an I further

s announced on supplied he admitted report is true and accurate and that my signature shall have the same legal effect as if made under corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name d, or on an attachinggt with an address. oath; that I am an officer or director of the appears in Block 12 or Block 13 if change

SIGNATURE; OFFICER OR DIRECTOR

Daytime Phone #

Date