

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



Principal Place of Business: **THE CONTINENTAL GROUP, 8299 CORAL WAY, MIAMI FL 33155, US**
Mailing Address: **12079 SW 131 AVENUE, MIAMI FL 33186, US**

3. Date Incorporated or Qualified: **07/28/1983**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 COUNTRY LANE P.O.A	26 c/o THE CONTINENTAL GROUP	59-2383767	<input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 17000 NW 67 AVENUE	27 12079 SW 131 AVENUE	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 MIAMI, FL.	28 MIAMI, FL.		
Zip	Country		
24 33015	25 USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HYMAN MICHAEL 44 W FLAGLER 14TH FLOOR MIAMI FL 33130		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARCUS, CARLOS	1.2 NAME	MCKOY, SHIRLEY
STREET ADDRESS	17000 NW 67 AVE. #213	1.3 STREET ADDRESS	17000 NW 67 AVENUE #335
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP	MIAMI, FL. 33015
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLBACK, ELMON	2.2 NAME	QUINCOSES, JANETTE
STREET ADDRESS	17000 NW 67 AVE. #241	2.3 STREET ADDRESS	17000 NW 67 AVENUE #118
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	MIAMI, FL. 33015
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, WILLIAM	3.2 NAME	KINARD, JIM
STREET ADDRESS	17000 NW 67 AVE. #444	3.3 STREET ADDRESS	17000 NW 67 AVENUE #341
CITY-ST-ZIP	MIAMI FL 33015	3.4 CITY-ST-ZIP	MIAMI, FL. 33015
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS, ARMANDO	4.2 NAME	CLEVELAND, GENE
STREET ADDRESS	17000 NW 67 AVE. #226	4.3 STREET ADDRESS	17000 NW 67 AVENUE #439
CITY-ST-ZIP	MIAMI FL 33015	4.4 CITY-ST-ZIP	MIAMI, FL. 33015
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKOY, SHIRLEY	5.2 NAME	
STREET ADDRESS	17000 NW 67 AVE. #335	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	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 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: *Shirley Mckoy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Day/Time Phone #: _____

CR2E037 (12/95)