

FILE NOW: FILING FEE IS \$61.25

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FILED

Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769608 (1)
1. Corporation Name
COUNTRY LANE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 17000 NW 67 AVENUE MIAMI FL 33015 US	Mailing Address THE CONTINENTAL GROUP 12079 SW 131 AVENUE MIAMI FL 33186-6475 US
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3. Date Incorporated or Qualified 07/28/1983	3a. Date of Last Report 02/26/1996
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2. Principal Place of Business Miami Management, Inc. 211 4275 SW 142 Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22. City & State 23 Miami FL	27. City & State 28
24. Zip 33186	25. Country 29

4. FEI Number 59-2383767	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

81. Name Hyman, Michael
82. Street Address (P.O. Box Number is Not Acceptable) 150 West Flagler Street
83. 27th Floor
84. City Miami
85. Zip Code FL 33130

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCKOY, SHIRLEY	
STREET ADDRESS	1700 NW 67 AVENUE #335	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	QUINCOSES, JANETTE	
STREET ADDRESS	17000 NW 67 AVENUE #118	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KINARD, JIM	
STREET ADDRESS	17000 NW 67 AVENUE #341	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLEVELAND, GENE	
STREET ADDRESS	17000 NW 67 AVENUE #439	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wesolowski, Frank
2.3 STREET ADDRESS	17000 NW 67th Avenue #244
2.4 CITY-ST-ZIP	Miami FL 33015
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Salinas, Adriana
3.3 STREET ADDRESS	17000 NW 67th Avenue #412
3.4 CITY-ST-ZIP	Miami FL 33015
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hobbs, Thelma
4.3 STREET ADDRESS	17000 NW 67th Avenue #348
4.4 CITY-ST-ZIP	Miami FL 33015
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hernandez, Luis
5.3 STREET ADDRESS	17000 NW 67th Avenue #343
5.4 CITY-ST-ZIP	Miami FL 33015
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Shirley McCoy* *Shirley McCoy*

CR2E037 (9/96)