

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



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

**DOCUMENT # 771258 (1)**

1. Corporation Name  
**COUNTRY LAKES WEST PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**5254 CANAL CIR W  
 LAKE WORTH FL 33467  
 US**

Mailing Address  
**6346-65 LANTANA RD  
 STE - 17D  
 LAKE WORTH FL 33463  
 US**

3. Date Incorporated or Qualified **11/15/1983** 3a. Date of Last Report **03/31/1995**

4. FEI Number **59-2659583** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
**21 c/o CMD Management** 2a. Mailing Address  
**26 c/o CMD Management**

Suite, Apt. #, etc.  
**22 3082 Jog Road** 27. Suite, Apt. #, etc.  
**3082 Jog Road**

City & State  
**23 Lake Worth, FL 33467** 28. City & State  
**Lake Worth, FL 33467**

Zip Country  
**24** **25** **29** **30**

**9. Name and Address of Current Registered Agent**

**GELFAND, MICHAEL J  
 ONE CLEARLAKE CENTRE  
 250 AUSTRALIAN AVE S / STE - 1010  
 WEST PALM BEACH FL 33401**

**10. Name and Address of New Registered Agent**

**81 Name Rosenthal, David C.**

**82 Street Address (P.O. Box Number is Not Acceptable)  
 c/o CMD Management, Inc.**

**83 3082 Jog Road**

**84 City Lake Worth** **85 Zip Code FL 33467**

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 *David C. Rosenthal*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*8/7/96*  
 DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DILAPI, JOSEPH	
STREET ADDRESS	5254 CANAL CIR WEST	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PLANT, DONALD	
STREET ADDRESS	7994 BLAIRWOOD CIRCLE NORTH	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHOEPP, ANN	
STREET ADDRESS	7871 BURLWOOD LANE	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FALKINBURG, LUANNE	
STREET ADDRESS	7899 ELWOOD DR	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNTER, JOYCE	
STREET ADDRESS	5266 HARWOOD LN	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERRELL, THOMAS	
STREET ADDRESS	5278 HARWOOD LN	
CITY - ST - ZIP	LAKE WORTH FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Plant, Don	
1.3 STREET ADDRESS	7794 Blairwood Circle North	
1.4 CITY - ST - ZIP	Lake Worth, FL 33467	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hughis, Debbie	
2.3 STREET ADDRESS	5211 Canal Circle West	
2.4 CITY - ST - ZIP	Lake Worth, FL 33467	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Brown, Amy	
3.3 STREET ADDRESS	7742 Ashwood Lane	
3.4 CITY - ST - ZIP	Lake Worth, FL 33467	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dilapi, Joseph	
4.3 STREET ADDRESS	5254 Canal Circle West	
4.4 CITY - ST - ZIP	Lake Worth, FL 33467	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pure, Tracy	
5.3 STREET ADDRESS	5227 Canal Circle West	
5.4 CITY - ST - ZIP	Lake Worth, FL 33467	
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 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: *Deborah A. Hughes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/7/96*  
 Date

Daytime Phone #

CR2E037 (3/96)