

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 771258
1. Corporation Name
Country Lakes West P.O.A. Association, Inc.

Principal Place of Business Mailing Address Same
40 Custom Property Management
2328 S. Congress Ave
West Palm Beach, Fl. 33406

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

3. Date Incorporated or Qualified

4. FEI Number	Applied For
59-2659583	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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Michael Gelfand P.A.
One Clear Lake Centre
250 S. Australian Ave
West Palm Beach, Fl. 33401

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	Donald Plant	7794 Blairwood Circle North	Lake Worth, Fl. 33467	<input type="checkbox"/>
TD	Ray Scott	5274 Edgewood Drive	Lake Worth, Fl. 33467	<input checked="" type="checkbox"/>
SD	Joyce Hunter	5266 Harwood Lane	Lake Worth, Fl. 33467	<input type="checkbox"/>
D	Don Frechette	7915 Blairwood Circle South	Lake Worth, Fl. 33467	<input type="checkbox"/>
D	Joe Dilapi	5254 Canal Circle West	Lake Worth, Fl. 33467	<input type="checkbox"/>
D	Wayne Gordon	7927 Bishopwood Road	Lake Worth, Fl. 33467	<input type="checkbox"/>

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TD Rita Czaya
2.3 STREET ADDRESS	7911 Blackwood Lane
2.4 CITY-ST-ZIP	Lake Worth, Fl. 33467
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	200002488332
5.3 STREET ADDRESS	-04/14/98--01070--014
5.4 CITY-ST-ZIP	***61.25
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 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: Donald Plant DONALD PLANT

4/1/98 967-4993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)