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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N11908 (3)

1. Corporation Name
COUNTRY LAKE PATIO HOMES COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O THE CONTINENTAL GROUP, INC. 12079 SW 131 AVENUE MIAMI FL 33186
C/O THE CONTINENTAL GROUP, INC. 12079 SW 131 AVENUE MIAMI FL 33186-6475

2. Principal Place of Business 2a. Mailing Address
21 6195 NW 153 STREET 26 P.O. BOX 170212
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 # 101 27
City & State City & State
23 MIAMI LAKES FL. 28 HIALEAH FL.
Zip Country Zip Country
24 33014 25 DADE 29 33017 30 DADE

3. Date Incorporated or Qualified 11/04/1985 3a. Date of Last Report 06/18/1996
4. FEI Number 65-0034598 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

9. Name and Address of Current Registered Agent 33017
MCELWEE, LIONEL
19915 NW 67TH CIRCLE CT.
MIAMI FL 33015
10. Name and Address of New Registered Agent
B1 Name CHANDLER, KEN
B2 Street Address (P.O. Box Number is Not Acceptable) 18962 NW 63 CIRCLE COURT
B3
B4 City MIAMI FL B5 Zip Code 33015

11. Pursuant to the provisions of Sections 617.0503 and 617.1503, 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]*
Signature, word or printed name of registered agent and title, if applicable. (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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCELWEE, LIONEL	1.2 NAME	CHANDLER, KEN
STREET ADDRESS	19915 NW 67 CIRCLE CT.	1.3 STREET ADDRESS	18962 NW 63 CIRCLE COURT
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP	MIAMI FLORIDA 33015
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, KEN	2.2 NAME	SUTTON, NUVIA
STREET ADDRESS	18962 NW 63RD CIRCLE CT.	2.3 STREET ADDRESS	6490 NW 197 LANE
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	MIAMI FL. 33015
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, LOIDA	3.2 NAME	BERNACE, WILMA
STREET ADDRESS	6463 NW 197TH LANE	3.3 STREET ADDRESS	19911 NW 67 CIRCLE COURT
CITY-ST-ZIP	MIAMI FL 33015	3.4 CITY-ST-ZIP	MIAMI FL. 33015
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINS, BRENDA	4.2 NAME	FERNANDO E. PADRON
STREET ADDRESS	6493 NW 197TH LANE	4.3 STREET ADDRESS	18967 NW 63 CT. CIR
CITY-ST-ZIP	MIAMI FL 33015	4.4 CITY-ST-ZIP	MIAMI, FL. 33015
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, NUVIA	5.2 NAME	BAHAMONDE, FRANKLIN
STREET ADDRESS	6490 NW 197TH LANE	5.3 STREET ADDRESS	19865 NW 64 PLACE
CITY-ST-ZIP	MIAMI FL 33015	5.4 CITY-ST-ZIP	MIAMI FL. 33015
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700002116557
STREET ADDRESS		6.3 STREET ADDRESS	-03/18/97--01077--056
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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 *[Signature]* 3/14/97 1:30 PM 125 RM 112

CR2E037 (9/96)