

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11908 (3)**  
1. Corporation Name  
**COUNTRY LAKE PATIO HOMES COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>C/O COUNTRY LAKE PATIO HOMES 6175 NW. 153 STREET #101 MIAMI LAKES FL 33014</b>	Mailing Address <del>XXXXXXXXXXXXXXXXXXXX</del> <del>XXXXXXXXXXXX</del> <del>XXXXXXXXXXXX</del>
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3. Date Incorporated or Qualified <b>11/04/1985</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>65-0034598</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26 <b>c/o Castle Group</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>P.O. Box 189013</b>
City & State 23	City & State 28 <b>Plantation, FL</b>
Zip 24	Country 25
Country 25	Zip 29 <b>33318</b>
	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent <b>CHANDLER, KEN 18962 N.W. 63 CIRCLE COURT MIAMI FL 33015</b>		81. Name
		82. Street Address (P.O. Box Number is Not Acceptable)
		83.
		84. City
		85. Zip Code <b>FL</b>

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHANDLER, KEN</b>	1.2 NAME	
STREET ADDRESS	<b>18962 N.W 63 CIRCLE COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	1.4 CITY-ST-ZIP	
TITLE	<del>PD</del>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUTTON, NUMA</b>	2.2 NAME	
STREET ADDRESS	<b>6490 NW 197 LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	2.4 CITY-ST-ZIP	
TITLE	<del>SD</del>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILMA, BERNACE</b>	3.2 NAME	
STREET ADDRESS	<b>19911 NW 67 CIRCLE COURT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	3.4 CITY-ST-ZIP	
TITLE	<del>PD</del>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PADRON, FERNANDO E</b>	4.2 NAME	
STREET ADDRESS	<b>18967 NW 63 CT. CIR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	4.4 CITY-ST-ZIP	
TITLE	<del>TD</del>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAHAMONDE, FRANKLIN</b>	5.2 NAME	
STREET ADDRESS	<b>19865 NW 64 PLACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	5.4 CITY-ST-ZIP	
TITLE		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	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**TD**  
**TAWIL, MAGGIE**  
**19771 NW 64th Place**  
**Miami, FL**

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: *Ken Chandler* Ken Chandler, President 2/20/98 (305) 947-7488

CR2E037 (10/97)