


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90043 006 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11908**  
 1. Corporation Name  
**COUNTRY LAKE PATIO HOMES COMMUNITY ASSOCIATION, INC.**

Principal Place of Business C/O COUNTRY LAKE PATIO HOMES 6175 NW, 153 STREET #101 MIAMI LAKES FL 33014	Mailing Address C/O CASTLE GROUP P O BOX 189013 PLANTATION FL 33318 US
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/04/1985
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 65-0034598
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  CHANDLER, KEN 18962 N.W. 63 CIRCLE COURT MIAMI FL 33015	10. Name and Address of New Registered Agent 81 Name Castle Property Services Group, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 4450 West Sunrise Boulevard 83 Suite 100 84 City Plantation, FL 85 Zip Code 33313
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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 *Gail H. Sangunett* Gail H. Sangunett, Vice President - Admin. 2/23/99  
Signature typed 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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHANDLER, KEN		1.2 NAME	
STREET ADDRESS 18962 N.W. 63 CIRCLE COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33015		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUTTON, NUMA		2.2 NAME	
STREET ADDRESS 6490 NW 197 LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33015		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILMA, BERNACE		3.2 NAME	
STREET ADDRESS 19911 NW 67 CIRCLE COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33015		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PADRON, FERNANDO E		4.2 NAME	
STREET ADDRESS 18967 NW 63 CT. CIR		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33015		4.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAWIL, MAGGIE		5.2 NAME	
STREET ADDRESS 19771 NW 64TH PL		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33015		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

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, with all other like empowered.

SIGNATURE: *Fernando E. Padron* Fernando E. Padron, V.P. 2/23/99 (305) 947-7488  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)