FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N12473 (7)

1. Corporation Name

COUNTRY POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4385 ROCK ISLD RD LAUDERHILL FL 33319 US	4385 ROCK ISLD RD LAUDERHILL FL 33319 US

3. Date Incorporated or Qualified: 12/11/1985
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business
21: 5701 NW 60TH ST
22: Suite, Apt. #, etc.
23: City & State: PARKLAND FL
24: Zip: FL 33067 — 25: Country: US

2a. Mailing Address
26: 5701 NW 60TH ST
27: Suite, Apt. #, etc.
28: City & State: PARKLAND FL
29: Zip: 33067 — 30: Country:

4. FEI Number: 59-2614030 ☐ 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

HUTTO, BENJAMIN F.
C/O ACF PROPERTIES GROUP INC
4385 ROCK ISLD RD
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name: DANIEL J VILLANI
82 Street Address (P.O. Box Number is Not Acceptable): 5701 NW 60TH ST
83:
84 City: PARKLAND FL — 85 Zip Code: 33067

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] DANIEL J VILLANI 4/26/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BRODSKY, EILEEN 6010 NW 60TH AVENUE PARKLAND FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT/DIRECTOR JIM MILLENER 6270 NW 58TH WAY PARKLAND FL 33067	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VILLANI, DANIELLE K 5701 NW 60TH STREET PARKLAND FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR CARL NEWHOUSE 6051 NW 68 MANOR PARKLAND FL 33067	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOSTER, MARK 5851 HOLMBERG ROAD PARKLAND FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER/DIRECTOR DANIEL J VILLANI 5701 NW 60TH ST PARKLAND FL 33067	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLACK, BARRY 6100 NW 60TH TERRACE PARKLAND FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SECRETARY/DIRECTOR DONNA SILL 9300 SW 8TH ST # 220-7 BOCA RATON FL 33428	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BINNIE, MARGARET 5940 NW 65 CT PARKLAND FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR CAROL STERN 6040 NW 68TH MANOR PARKLAND FL 33067	☒ Change ☐ Addition JS 5.21
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Bank deposit $70.00	☐ Change ☐ Addition

CR2E037 (12/95)

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: [signature] JS 4/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #