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NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

COUNTRY POINT HOMEOWNERS ASSOCIATION, INC.

22 Suite, Apt. #, etc. 27 / // N.W. Dot St. J. J. Let F.2 City & State City & State City & State Country Zip Country Zip Country Zip Country Solution Solution Solution Country Zip Country Solution Soluti	ed For pplicable litional irred ay Be Fees 19.032,
PARKLAND FL 33067 PARKLAND FL 33067 PARKLAND FL 33067-4425 US 3. Date Incorporated or Qualified 12/11/1985 2a. Mailing Address 26 CRC All 16 Paper M NGT. Suffe, Apt. #, etc. Suffe, Apt. #, etc. Suffe, Apt. #, etc. 27/ / N.A., 30 4 7 1. 28	ed For pplicable litional irred ay Be Fees 19.032,
3. Date Incorporated or Qualified 12/11/1985 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 12/11/1985 4. FEI Number 59/2614030	ed For pplicable litional irred ay Be Fees 19.032,
25 Surie, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27 / // N.W. 30 3 7. J. J. F. F. S. Certificate of Status Dosired \$8.75 Ao. Fee Req City & State City & State	pplicable litional fred ay Be ses 99.032,
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28 Sca Patr N Fl.	9.032,
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24 25 29 33/3/ 30 USA Florida Statutes	de
9. Name and Address of Current Registered Agent VILLANI, DANIEL J 5701 NW 60TH STT 4385 ROCK ISLD RD PARKLAND FL 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 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 reagent. I am familiar with, and Accept the appointment of 17.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE MAME P/D MILLENER, JIM STREET ADDRESS 6270 NW 58TH WAY 1.3 STREET ADDRESS CITY-ST-ZIP NAME NEWHOUSE, CARL STREET ADDRESS 6501 NW 68 MANOR 2.3 STREET ADDRESS 6501 NW 68 MANOR	nistered
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CITY-ST-ZIP PARKLAND FL 33067 34.CITY-ST-ZIP PARKLAND FL 33067	
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NAME SILL, DONNA 4.2 NAME	
STREET ADDRESS 9300 SW 8TH ST., # 220-7 4.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33428 4.4 CITY-ST-ZIP	
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NAME STERN, CAROL 52 NAME	
STREET ADDRESS 6040 NW 68TH MANOR 5.9 STREET ADDRESS	
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TITLE Change	Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP	
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 a man officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my nail appears in Block 12 or Block 13 if changed, or on an attachment with an address.	oath: that