## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

COUNTRY POINT HOMEOWNERS ASSOCIATION, INC.

## FILED Apr 23 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address	3. Date Incorporated or Qualified  12/11/1985  4. FEI Number  59-2614030  Not Applicable		
5701 NW 60TH ST PARKLAND FL 33067 US	GREENLITE PROPERTY MGT. 141 N.W. 20TH ST., STE, F-2 BOCA RATON FL 33431 US			
Principal Place of Business     The Principal Place of Business     The Principal Place of Business	2e. Mailing Address 26		5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt. #, etc.	Suite, Apt. #, e	ic.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
City & State	City & State	No desired	7. Is this nonprofit corporation a homeowners association?  Yes  No	
Zip Country 25	Zip <b>29</b>	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
9. Name and Address of Co	irrent Registered Agent	81 Nan	10. Name and Address of New Registered Agent	
VILLANI, DANIELLE K. 5701 NW 60TH ST. PARKLAND FL 33067		82 Stre	et Address (P.O. Box Number is Not Acceptable)	
		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						
	Signature, typed or printed name of registered agent and title it i			e required when reinstating)	DATE	
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	DELETE	1.1 TITLE		Change	Addition
NAME	MILLENER, JIM		1.2 NAME			
STREET ADDRESS	6270 NW 58TH WAY		1.3 STREET ADDRESS	1		
CITY-ST-ZIP	PARKLAND FL 33067		1.4 CITY-ST-ZIP			
TITLE	V/D	DELETE	21 TITLE		Change	☐ Addition
NAME	NEWHOUSE, CARL		2.2 NAME			
STREET ADDRESS	6501 NW 68 MANOR		2.3 STREET AODRESS			
CITY-ST-ZIP	PARKLAND FL 33067		2.4 CITY-ST-ZIP			
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	VILLANI, DANIELLE		3.2 NAME			
STREET ADDRESS	5701 NW 60TH ST.		3.3 STREET ADDRESS			
CITY - ST - ZIP	PARKLAND FL		3.4. CITY-ST-ZIP			
TITLE	S/D	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	SILL, DONNA		4. 2 NÁME			
STREET ADDRESS	9300 SW 8TH ST., # 220-7		4.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33428		4.4 CITY-ST-ZIP			
TITLE	D	DELETE	5.1 TITLE	D , ,	Change	Addition
NAME	STERN, CAROL		5.2 NAME	STERN MICHAEL 6040 NW 684 MANOR		
STREET ADDRESS	6040 NW 68TH MANOR		5.3 STREET ADDRESS	6040 NW 684 MANOR		
CITY-ST-Z#P	PARKLAND FL 33067		5.4 CITY-ST-ZIP	PARKLAND FL 33067	•	
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
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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:

3-16-98

(454) 345-2253