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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12473**

1. Corporation Name
COUNTRY POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5701 NW 60TH ST PARKLAND FL 33067 US	GREENLITE PROPERTY MGT. 141 N.W. 20TH ST.. STE. F-2 BOCA RATON FL 33431 US

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 12/11/1985

4. FEI Number: 59-2614030 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

VILLANI, DANIELLE K.
5701 NW 60TH ST.
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name: Norman Silverstein
82 Street Address (P.O. Box Number is Not Acceptable): c/o Greenlite Prop Mgmt
83 141 NW 20th St
84 City: Boca Raton FL 85 Zip Code: 33431

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 _____ DATE
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 IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MILLENER, JIM 6270 NW 58TH WAY PARKLAND FL 33067	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D NEWHOUSE, CARL 6501 NW 68 MANOR PARKLAND FL 33067	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VILLANI, DANIELLE 5701 NW 60TH ST. PARKLAND FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☒ Change ☐ Addition D Mark Cole 141 NW 20 St Boca Raton Fl 33431
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D SILL, DONNA 9300 SW 8TH ST., # 220-7 BOCA RATON FL 33428	☒ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition D Barbara Sweeney 6101 NW 60th Terrace Parkland Fl 33067
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STERN, MICHAEL 6040 NW 68TH MANOR PARKLAND FL 33067	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition D Lisa Draper 141 NW 20 St Boca Raton Fl 33431
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

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: [illegible] SIGNATURE REQUIRED 4-23-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #