

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:47

DOCUMENT # **N13055 (1)**

1. Corporation Name
COUNTRY FAIR AT BOYNTON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 6110 LAKE WORTH FL 33466-6110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/20/1986** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2661252** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **26**
22 **27**
23 **28**
24 **29** **30**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MARKS, DOUG
6297 COUNTRY FAIR CIRCLE
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	MARKS, DOUG
STREET ADDRESS	6207 COUNTRY FAIR CIRCLE
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	D
NAME	FABRIS, BARBARA
STREET ADDRESS	9856 H. WATERMILL CIRCLE
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	DT
NAME	BRILL, KAREN
STREET ADDRESS	8968 A WATERMILL CIRCLE
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	SD
NAME	DAVIS, ANN M.
STREET ADDRESS	6420 COUNTRY FAIR CIRCLE
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	D
NAME	KRINSKY, LILLIAN
STREET ADDRESS	9913 D WATERMILL CIRCLE
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	PD
NAME	BALSER, KENDRA
STREET ADDRESS	6137 COUNTRY FAIR CIRCLE
CITY - ST - ZIP	BOYNTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KEITH MCGORMICK	
1.3 STREET ADDRESS	9811 E 61ST WAY, 5TH	
1.4 CITY - ST - ZIP	BOYNTON BCH FL 33437	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Keith M. McCormick* **KEITH M. MCGORMICK** 4/3/95 (407) 364-4964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #