

**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 # **N13055** (1)

1. Corporation Name

**COUNTRY FAIR AT BOYNTON HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

3900 WOODLANKE BLVD  
SUITE 201  
LAKE WORTH FL 33463  
US

3900 WOODLAKE BLVD.  
SUITE 201  
LAKE WORTH FL 33463  
US

3. Date Incorporated or Qualified

01/20/1986

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2661252

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

10. Name and Address of New Registered Agent

GELFAND, MICHAEL J ESQ  
% GELFAND & ARPE, P.A.  
250 S. AUSTRALIAN AVE., SUITE 1010  
WEST PALM BEACH FL 33401-5012

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 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MARKS, DOUG	
STREET ADDRESS	6207 COUNTRY FAIR CIRCLE	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FABRIS, BARBARA	
STREET ADDRESS	9856 H. WATERMILL CIRCLE	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MCCORMICK, KEITH	
STREET ADDRESS	9811 E 61ST WAY, STN	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, ANN M.	
STREET ADDRESS	6420 COUNTRY FAIR CIRCLE	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRINSKY, LILLIAN	
STREET ADDRESS	9913 D WATERMILL CIRCLE	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BALSER, KENDRA	
STREET ADDRESS	6137 COUNTRY FAIR CIRCLE	
CITY - ST - ZIP	BOYNTON BEACH FL	

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Rudewick	
2.3 STREET ADDRESS	9998 D Watermill Circle	
2.4 CITY - ST - ZIP	Boynton Beach, FL 33437	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input checked="" 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	D	<input checked="" 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 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: *Kendra Balsen* KENDRA BALSER 4/10/96 407-641-8534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)