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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 33463-3045 US

3. Date Incorporated or Qualified 01/20/1986
3a. Date of Last Report 04/24/1996
4. FEI Number 59-2661252
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
GELFAND, MICHAEL J ESQ
% GELFAND & ARPE, P.A.
250 S. AUSTRALIAN AVE., SUITE 1010
WEST PALM BEACH FL 33401-5012

10. Name and Address of New Registered Agent
Peter E. Mollenharden
Becker & Poliakoff
500 S. AUSTRALIAN AVE
West Palm Beach FL 33401

11. Pursuant to the provisions of Sections 617.0665 and 617.1006, 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 4/7/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	SD
NAME	MARKS, DOUG	1.2 NAME	Wright, Thomas
STREET ADDRESS	6207 COUNTRY FAIR CIRCLE	1.3 STREET ADDRESS	6190 97th Court + South
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	Boynton Bch, FL 33437
TITLE	T	2.1 TITLE	VP
NAME	ROBERT RUDEWICK	2.2 NAME	
STREET ADDRESS	9898 C WATERMILL CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	PDU
NAME	MCCORMICK, KEITH	3.2 NAME	
STREET ADDRESS	9811 E 61ST WAY, STN	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	DAVIS, ANN M.	4.2 NAME	Mullin, Tom
STREET ADDRESS	6420 COUNTRY FAIR CIRCLE	4.3 STREET ADDRESS	6270 Country Fair Cir
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	Boynton Bch, FL 33437
TITLE	D	5.1 TITLE	D
NAME	KRINSKY, LILLIAN	5.2 NAME	Kroose, Kenneth
STREET ADDRESS	9913 D WATERMILL CIRCLE	5.3 STREET ADDRESS	6192 Country Fair Cir.
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	Boynton Bch, FL 33437
TITLE	D	6.1 TITLE	D
NAME	BALSER, KENDRA	6.2 NAME	McCrensky, Paul
STREET ADDRESS	6137 COUNTRY FAIR CIRCLE	6.3 STREET ADDRESS	9911 B Waterway, South
CITY-ST-ZIP	BOYNTON BEACH FL	6.4 CITY-ST-ZIP	Boynton Bch, FL 33437

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 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: _____ DATE: 3/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone # 0043836

CR2ED37 (9/96)