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03-01-1999 90191 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N13055

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

Principal Place of Business 3900 WOODLANKE BLVD SUITE 201 LAKE WORTH FL 33463 US	Mailing Address GRS MANAGEMENT ASSOCIATES, INC. 2900 WOODLAKE BLVD. SUITE 201 LAKE WORTH FL 33463 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/20/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2661252
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LADWIG, PATTI 1645 PALM BEACH LAKES BLVD. SUITE 640 WEST PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name Patti Heidler Ladwig, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) Wellington Country Plaza 83 12765 W. Forest Hill Blvd., Ste. 1317 84 City Wellington FL 85 Zip Code 33414
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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 D NAME MENENDEZ, IRIS STREET ADDRESS 6369 COUNTRY FAIRCIRCLE CITY-ST-ZIP BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP 1.2 NAME BENICA, ANDREW 1.3 STREET ADDRESS 9662 64th WAY SOUTH 1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME ROBERT RUDEWICK STREET ADDRESS 9898 C WATERMILL CIRCLE CITY-ST-ZIP BOYNTON BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DT 2.2 NAME BOHY, KATHLEEN 2.3 STREET ADDRESS 9982 F WATERMILL CIRCLE 2.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME DAVIS, ANN STREET ADDRESS 6420 COUNTRY FAIR CIRCLE CITY-ST-ZIP BOYNTON BEACH FL 33437	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME MULLIN, TOM STREET ADDRESS 6270 COUNTRY FAIR CR. CITY-ST-ZIP BOYNTON BEACH FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE DVP 4.2 NAME CHURCH, JUDITH 4.3 STREET ADDRESS 6145 COUNTRY FAIR CIRCLE 4.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME KROUSE, KENNETH STREET ADDRESS 6192 COUNTRY FAIR CIR. CITY-ST-ZIP BOYNTON BEACH FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE DS 5.2 NAME FRIEDMAN, JOANNE 5.3 STREET ADDRESS 9686 64th WAY SOUTH 5.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME BRILL, KAREN STREET ADDRESS 9968 A WATERMILL CIRCLE CITY-ST-ZIP BOYNTON BEACH FL 33437	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME KRINSKY, LILLIAN 6.3 STREET ADDRESS 9913 D WATERMILL CIRCLE 6.4 CITY-ST-ZIP BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Katherine Harris*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # 561-641-8554

CR2E037 (1/98)