

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N20687 (2)
1. Corporation Name
COURT HOMES ASSOCIATION, NO. 3 INC.



Principal Place of Business Mailing Address
STEVEN WEISS
6002 24TH COURT SOUTH
BOCA RATON FL 33486
STEVEN WEISS
500 NE SPANISH RIVER BLVD
BOCA RATON FL 33486

3. Date Incorporated or Qualified
05/18/1987

4. FEI Number
65-0016412

Applied For
Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business
5366 214th Ct. S
Suite, Apt. #, etc.
22. City & State
Boca Raton, FL
23. Zip
33486
24. Country
Palm Beach

25. Mailing Address
500 NE Spanish River Blvd
Suite, Apt. #, etc.
26. City & State
Boca Raton, FL
27. Zip
33486
28. Country
Palm Beach

9. Name and Address of Current Registered Agent
WEISS, PETER
6002 24TH COURT SOUTH
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
81 Name Ernest W. Willis
82 Street Address (P.O. Box Number is OK) Beacon Property Maint. Inc
500 NE Spanish River Blvd, #18
83 City Boca Raton FL 85 Zip Code 33486

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]* ERNEST W. WILLIS 4-15-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HOWATT, TERRY	
STREET ADDRESS	21453 54TH DRIVE SOUTH	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PITT, CATHY	
STREET ADDRESS	5406 214TH COURT SOUTH	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WIERCINSKI, PETER	
STREET ADDRESS	5382 214TH CT. SOUTH	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ZANDER, STEVEN	
STREET ADDRESS	21428 54TH DRIVE SOUTH	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lucretia Meister	
1.3 STREET ADDRESS	5366 214th Ct. S.	
1.4 CITY-ST-ZIP	Boca Raton, FL	
2.1 TITLE	SID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chuck Baugh	
2.3 STREET ADDRESS	21404 54th Dr. S.	
2.4 CITY-ST-ZIP	Boca Raton, FL	
3.1 TITLE	TJD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Greg Geisel	
3.3 STREET ADDRESS	5415 214th Ct. S	
3.4 CITY-ST-ZIP	Boca Raton, FL	
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 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: *[Signature]* 4/29/98 561-750-0044

CR2E037 (10/97)