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**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90008 038 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **N 2 0687**  
 1. Corporation Name  
**COURT HOMES ASSOCIATION, NO. 3 INC.**

564061 - 90008 - 38

Principal Place of Business Mailing Address

2. Principal Place of Business 21 <b>40 Glen Management</b> Suite, Apt. #, etc. 22 <b>4301 Oak Circle, #23</b> City & State 23 <b>BOCA RATON - FL</b> Zip 24 <b>33431</b>	2a. Mailing Address 26 <b>c/o Glen Management</b> Suite, Apt. #, etc. 27 <b>P. O. Box 1390</b> City & State 28 <b>BOCA RATON - FL</b> Zip 29 <b>33429-1390</b>	3. Date Incorporated or Qualified <b>5/18/1987</b>	4. FEI Number <b>05-0016412</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name <b>Glen Management Services, Inc.</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>ANDREW C. GLEN</b>	83 <b>4301 Oak Circle, Suite 23</b>	84 City <b>BOCA RATON</b>	85 Zip Code <b>FL 33431</b>
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**A. GLEN**

**5/21/99**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>P/D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WENDY SCHRECK</b>		1.2 NAME
STREET ADDRESS <b>5430 214TH COURT SOUTH</b>		1.3 STREET ADDRESS
CITY-ST-ZIP <b>BOCA RATON, FL 33486</b>		1.4 CITY-ST-ZIP
TITLE <b>VP/D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHUCK BAUGH</b>		2.2 NAME
STREET ADDRESS <b>21404 54TH DRIVE SOUTH</b>		2.3 STREET ADDRESS
CITY-ST-ZIP <b>BOCA RATON, FL 33486</b>		2.4 CITY-ST-ZIP
TITLE <b>T/D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>John Jellicia</b>		3.2 NAME
STREET ADDRESS <b>5374 214TH COURT SOUTH</b>		3.3 STREET ADDRESS
CITY-ST-ZIP <b>BOCA RATON, FL 33486</b>		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John Jellicia**

Date

Daytime Phone #

**5/21/99**

**561-412-4191**

CR2E037 (1/198)