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95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **739006** **(5)**
*--Corporation Name

AMERICAN HOMES HOMEOWNER'S ASSOCIATION #1, INC.

Principal Place of Business	Mailing Address
9070 KIMBERLY BLVD., SUITE 48 BOCA RATON FL 33434	9070 KIMBERLY BLVD SUITE 27 BOX 122 BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1977
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-2349710 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

RADER, STUART A ESQ
7280 W PALMETTO PARK ROAD
SUITE 106
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	P	11 TITLE	P/D ☑ Change ☐ Addition
NAME	SHANNON, VENTRY L	12 NAME	Jennie Close
STREET ADDRESS	9177 SOUTHAMPTON PL	13 STREET ADDRESS	9519 Burlington Place
CITY-ST-ZIP	BOCA RATON FL 33434	14 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	V	21 TITLE	V/D ☑ Change ☐ Addition
NAME	VENTRY, SHANNON	22 NAME	Abbie Bill
STREET ADDRESS	9177 SOUTHAMPTON PLACE	23 STREET ADDRESS	9261 Edgemont Lane
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Boca Raton, FL
TITLE	T	31 TITLE	S/D ☑ Change ☐ Addition
NAME	CUSIMANO, CHRIS	32 NAME	Rod Park
STREET ADDRESS	9308 GETTYSBURG ROAD	33 STREET ADDRESS	19366 Carolina Cr.
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	Boca Raton, FL
TITLE	S	41 TITLE	T/D ☑ Change ☐ Addition
NAME	BARRY, GRIM	42 NAME	Barry Grim
STREET ADDRESS	9140 SOUTHAMPTON PL	43 STREET ADDRESS	9140 Southampton Pl
CITY-ST-ZIP	BOCA RATON FL 33434	44 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	D	51 TITLE	D ☑ Change ☐ Addition
NAME	CLOSE, JENNIE	52 NAME	Chris Cusimano
STREET ADDRESS	9519 BEURLINGTON PLACE	53 STREET ADDRESS	9308 Gettysburg Road
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Jennie Close 4/13/95 479-0717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0549705