FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N12350** **(7)**

1. Corporation Name

COUNTRY GREENS AT WESTCHESTER HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ALLSTATE PROPERTY MGMT. & REALTY, INC. 21000 BOCA RIO ROAD, A-9 BOCA RATON FL 33433	C/O ALLSTATE PROPERTY MGMT. & REALTY, INC. 21000 BOCA RIO ROAD, A-9 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1985
3a. Date of Last Report: 05/16/1994
4. FEI Number: 65-0011161 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o CMD Management, Inc.	26 c/o CMD Management, Inc.
Suite, Apt. #, etc. 22 3082 Jog Road	Suite, Apt. #, etc. 27 3082 Jog Road
City & State 23 Lake Worth, FL	City & State 28 Lake Worth, FL
Zip / Country 24 33467 / 25 USA	Zip / Country 29 33467 / 30 USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLSTATE PROPERTY MANAGEMENT & REALTY, INC 21000 BOCA RIO ROAD, A-9 BOCA RATON FL 33433	81 Name: David C. Rosenthal 82 Street Address (P.O. Box Number Is Not Acceptable): c/o CMD Management, Inc. 83 3082 Jog Road 84 City: Lake Worth FL 85 Zip Code: 33467

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: David C. Rosenthal — 4-12-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	ANAPOLSKY, SID	1.2 NAME	Bob Hatcher	
STREET ADDRESS	12310 FOREST GREENS DRIVE	1.3 STREET ADDRESS	12209 Country Greens Blvd.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	PISANI, BOB	2.2 NAME	Mickey Fieger	
STREET ADDRESS	12082 COUNTRY GREENS BLVD.	2.3 STREET ADDRESS	12331 Forest Greens Dr.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	2.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	SD	3.1 TITLE	D	☐ Change ☑ Addition
NAME	BLESS, RAY	3.2 NAME	Roy Prentiss	
STREET ADDRESS	12173 COUNTRY GREENS BLVD.	3.3 STREET ADDRESS	12154 Country Greens Blvd.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	3.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	GRIMALDI, JEANNIE	4.2 NAME		
STREET ADDRESS	12305 COUNTRY GREENS BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☑ Change ☐ Addition
NAME	MCKOAN, MARION	5.2 NAME	Leonard Brownstein	
STREET ADDRESS	12187 COUNTRY GREENS BLVD.	5.3 STREET ADDRESS	12159 Forest Greens Blvd.	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	5.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		6.1 TITLE	D	☐ Change ☑ Addition
NAME		6.2 NAME	Charlie Travis	
STREET ADDRESS		6.3 STREET ADDRESS	12231 Forest Greens Blvd.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boynton Beach, FL 33437	

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: [signature] — 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012033