

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739006

(5)

1. Corporation Name

AMERICAN HOMES HOMEOWNER'S ASSOCIATION #1, INC.

Principal Place of Business

9070 KIMBERLY BLVD., SUITE 48
BOCA RATON FL 33434

Mailing Address

9070 KIMBERLY BLVD
SUITE 27 BOX 122
BOCA RATON FL 33434



2. Principal Place of Business	2a. Mailing Address
21 543 N.W. 77TH ST.	26 543 N.W. 77TH ST.
22 Suite, Apt. #, etc. 200	27 Suite, Apt. #, etc. 200
23 City & State BOCA RATON, FL	28 City & State BOCA RATON, FL
24 Zip 33487	29 Zip 33487
25 Country	30 Country

3. Date Incorporated or Qualified 05/11/1977	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2349710	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RADER, STUART A ESQ
7280 W PALMETTO PARK ROAD
SUITE 100
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name Sheri A. Scarborough
82 Street Address (P.O. Box Number is Not Acceptable) 543 N.W. 77th Street
83 Ste 200
84 City Boca Raton FL 85 Zip Code 33487

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

Sheri A. Scarborough

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-96

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CLOSE, JENNIE
STREET ADDRESS	9519 BURLINGTON PL
CITY-ST-ZIP	BOCA RATON FL
TITLE	VD
NAME	BILL, ABBIE
STREET ADDRESS	9207 EDMONT LANE
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD
NAME	PARK, ROD
STREET ADDRESS	19266 CAROLINA CR
CITY-ST-ZIP	BOCA RATON FL
TITLE	TD
NAME	BARRY, GRIM
STREET ADDRESS	9140 SOUTHAMPTON PL
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	CUSIMANO, CHRIS
STREET ADDRESS	9308 GETTYSBURG RD
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S/D Roy Parks
3.3 STREET ADDRESS	19266 CAROLINA CIRCLE
3.4 CITY-ST-ZIP	BOCA RATON, FL 33434
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marilyn Gallo
4.3 STREET ADDRESS	19190 WESTBROOK DRIVE
4.4 CITY-ST-ZIP	BOCA RATON, FL 33434
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Karen Palcia
5.3 STREET ADDRESS	4304 WATERCOURSE WAY
5.4 CITY-ST-ZIP	BOCA RATON, FL 33434
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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:

Roy Parks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

Date

997-4556

Daytime Phone #

CR2E037 (12/95)