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NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

N17141 DOCUMENT #

(5)

3310 W HI	GEWOOD HOMEOWNERS A ace of Business ILLSBORO BLVD D BCH. FL 33442	Mailing Address  3310 W HILLSBORO I DEERFIELD BCH, FL					
2. Principal	Place of Business	20 Mailing Addison		10	corporated or Qualified 0/07/1986	3a. Date 03	of Last Report 3/10/1995
21		2a. Mailing Address		4. FEI Nu	mber - <b>0050545</b>		Applied For
Suite, Ap	it. #, etc.	Suite, Apt. #, etc.					Not Applicable
City & St	ate	City & State		5. Certific	ate of Status Desired		\$8.75 Additional Fee Required
23		28			Campaign Financing		\$5.00 May Be
Zip	Country	Z <sub>i</sub> p	Country		und Contribution rporation has liability for i	_	Added to Fees
24	25 9. Name and Address of Curre	29	30	Florida	Statutes	J Yes □ No	)
	O. HARMO MILE ACCOURS OF CUITE	m registered Agent	81 Na	10. Name	and Address of New Ro	egistered Ag	ent
G MCC	LAIN FINANCIAL SERVICES						
3310 W HILLSBORO BLVD			82 Street Ad		ress (P.O. Box Number is Not Acceptable)		
DEERF	IELD BCH. FL 33442		83				
			84 City				
11. Pursuan	to the provisions of Spatiana 617 050	0 0 0 7 4 5 0 0	1			FL	35 Zip Code
or registr familiar v	t to the provisions of Sections 617.050 ered agent, or both, in the State of Flor with, and accept the obligations of, Sec	ida. Such change was authoriz	ies, the above-named red by the corporatio	d corporation submits to n's board of directors	his statement for the purp	ose of changi	ng its registered office
	THE FOR BOXODE THE CONSTRUCTS OF 280						
		Alon o 17.0003, Fibrida Statute:	3.		,, uppo.	and tog	rotorod agorn: Tarr
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SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable (NC ND DIRECTORS	S.  DTE: Rogistered Agent signati 13.	are required when reinstating)		DATE	
SIGNATURE 12. ITLE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable (NC	DTE: Rogistered Agent signati 13. 1.1 TITLE	ure required when reinstating)  ADDITIO	NS/CHANGES TO OFFIC	DATE CERS AND DIF	
SIGNATURE  12.  ITLE  IAME	Signature: typed or printed name of registered agen OFFICERS AN D	nt and title if applicable (NC ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ure required when reinstating)  ADDITIO	NS/CHANGES TO OFFIC	DATE CERS AND DIF	RECTORS IN 12 Tange
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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 appears in Block 12 or Block 13 if changed, or on an artaniment with an address.

GNATURE:

| Signature and trype of Printed Name Or signature of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name of the corporation o SIGNATURE: CO

TYPE OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

TO BERLEY GOWSK,