FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # N12350 1. Corporation Name

COUNTRY GREENS AT WESTCHESTER HOMEOWNERS' ASSOCI ATION, INC.

| Principal Place of Business |
|-----------------------------|
| % CMD MANAGEMENT INC |
| 3082 JOG ROAD |
| LAKE WORTH FL 33467 |
| US |

2. Principal Place of Business

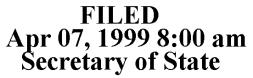
21

Mailing Address

2a. Mailing Address

% CMD MANAGEMENT INC 3082 JOG RD LAKE WORTH FL 33467

26



04-07-1999 90055 011 ****61.25

|--|--|

3. Date Incorporated or Qualifed

12/03/1985

| Suite, Apt. | # etc | etc. Suite, Apt. #, etc. | | | 4. FEI Number | 4. FEI Number | | | | |
|--|--|---|------------------|---|--|--------------------|-------------------|---------------------------|--|--|
| 22 | | 27 | | 65-0011161 | ~ | Not | Applicable | | | |
| City & Stat | | City & State | | | : - | \$8.75 A | dditional | | | |
| 23 | | 28 | | 5. Certifcate of Status Desi | red | Fee Rec | | | | |
| Zip | Country | Zip Country | | 6. Election Campaign Finar | ncina — | \$5.00 | May Re | | | |
| 24 | 25 | 29 | - - | | Trust Fund Contribution | | Added to | | | |
| 24 | | ame and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | | | | |
| Table and Addition of California and California | | | 8 | 1 Name | | | | | | |
| POOFIETIAL DAVID O | | | L | | - A LI - (D.C. D. A) where is MA Assessable) | | | | | |
| | | | 8 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| % CMD MANAGMENT INC | | | 8 | 83 | | | | | | |
| 3082 JUG RD | | | Ľ | | | | | | | |
| LAKE WORTH FL 33467 | | | 8- | 4 City | | FI | 85 Zip C | ode | | |
| 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 r | registered agent, or both, in the State of m familiar with, and accept the obligation | Florida. Such change was a | uthorized b | y the corpora | ition's board of directors. I hereby | accept the appo | intment as reg | istered | | |
| SIGNATURE | | | | | | | | | | |
| | Signature, typed or printed name of registered agent | | E: Registered Ag | ent signature requ | uired when reinstating) ADDITIONS/CHANGES T | O OFFICERS A | ND DIRECTO | RS IN 12 | | |
| 12. | OFFICERS AND | DIRECTORS DELETE | _ | | | O OFFICERS A | Change | Addition | | |
| TITLE | PD | X pereve | 1.1 TITLE | | SD DE DOMAN | | Konzugo | | | |
| NAME | PEARLMAN, AL | 1.2 NAME | | | MORT KERMAN 12185 COUNTRY G | PEENSE | at virk | | | |
| STREET ADDRESS | l | | | ET ADDRESS | 12185 COUNTRY O | 230 | 627 | | | |
| CITY-ST-ZIP | BOYNTON BEACH FL | | 1.4 CITY- | | BOYNTON BEACH, | FC 33 4 | | - Addition | | |
| TILE" == ===== | VD | DELETE . | . 🔩 2.1 TIŢLE | 4 .= | ستنديد واحتجي فالأراضات | | Change | Addition | | |
| NAME | PRENTISS, ROY | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | 12154 COUNTRY GREEN BLVD | • | 2.3 STRE | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | BOYNTON BEACH FL | | 2.4 CITY | -ST-ZIP | | | | | | |
| TITLE | D | ☐ DELETE | 3.1 T/TLE | | | | ☐ Change | Addition | | |
| NAME | BLESS, RAY | | 3.2 NAME | | | • | | ţ | | |
| STREET ADORESS | 12173 COUNTRY GREENS BLVD | • | 3.3 STRE | ET ADDRESS | | • | | | | |
| CITY-ST-ZIP | BOYNTON BEACH FL | | 3.4. CITY- | ST-ZIP | | | | | | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | | | . – | ☐ Change | ☐ Addition | | |
| NAME | GRIMALDI, JEANNIE | | 4. 2 NAM | <u> </u> | | | | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | | | | ł | | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | | 4.4 CITY- | ST-ZIP | | | | | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | | , | ☐ Change | ☐ Addition | | |
| NAME | TRAVIS, CHARLES D | | 5.2 NAME | : [| | | | | | |
| STREET ADDRESS | | | 5.3 STRE | ET ADORESS | • | | | | | |
| CITY-ST-ZIP | BOYNTON BEACH FL | | 5.4 CITY- | ST-ZIP | • | * * | | | | |
| TITLE | SD | ☐ DELETE | 6.1 TITLE | 7 | PD | , . | Change | ☐ Addition | | |
| NAME | SCHLEIN. MARJORIE H | | 6.2 NAME | | J. | | / \ | ł | | |
| STREET ADDRESS | | | 6.3 STRE | ET ADDRESS | | | | ا دان <u>دخون د</u> رد | | |
| CITY-ST-ZIP | BOYNTON BEACH FL | | 6.4 CITY | ST-ZIP | | | | | | |
| 14. I hereby | certify that the information supplied with | this filing does not qualify fo | r the exemp | tion stated in | n Section 119.07(3)(i), Florida Star | utes. I further ce | rtify that the in | formation | | |
| 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 indicated on this annual report of the state of the sta | | | | | | | | | | |

Block 12 or Block 13 if changed, or on a

SIGNATURE: