NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

"Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 749708 1. Corporation Name

CHANNING VILLAS HOMEOWNERS ASSOC., INC.

Principal Place of Business		Mailing Address					
C/O CMD MANAGEMENT		C/O CMD MANAGEMENT		1 18834 1883 81846 1873 7883 8818 1871 8		N 818 (1881	
3082 JOG ROAD		3082 JOG ROAD					
LAKE WORTH FL 33467 US		LAKE WORTH FL 33467 US				*** ***** ****	14 85819 4981
00		00					
2. Principal F	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
21		26			11/07/1979		1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number	Ар	plied For
22		27			59-1950581	No	. Applicable
City & Sta	te	City & State			5. Certificate of Status Desired	\$8.75 A	
23		28			- Contract of States Book as	Fee Re	<u>'</u>
Zip	Country	Zip	Countr	У	6. Election Campaign Financing	\$5.00	
24	25		30		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New Registered	Agent	
			•	I Name			
rosenthal, david			8:	2 Street Add	tress (P.O. Bo) Number is Not Acceptable)		
C/O CMD MANAGEMENT			ļ.				
3082 JOG	ROAD		8:	3			
LAKE WO	RTH FL 33467		8	4 City	FI	85 Zip C	ode
		1017 1500 51 11-01-1]	<u> </u>	tion out in this statement for the purpose 2	f changing its	ragieterad
11. Pursuant office cri	to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 617.1508, Florida Statut f Florida. Such change was এ	tes, the abor outhorized b	ve-named cor y the corporat	poration submits this statement for the purpose plants board of cirectors. I hereby accept the appoint	intment as reg	stered
agent. 'a	m familiar with, and accept the obligation	ons of Section 617.0503, Flo	rida Statute	·\$.	1. 100		
SIGNATURE	Signature, typed or printer half of registered agent	and title if applicable. (NOTI	: Denistared An	ant elepature secur	red when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.	ent aignature requi	ADDITIONS/CHANGES TO OFFICERS /	ND DIRECTO	F S IN 12
ΠŒ	VD	DELETE	1,1 TITLE	7	70	[] Change	Addition
NAME	KANE. BILL		1.2 NAME		asciani, Lottie		
STREET ADDRESS	-12000 SUELLEN-CIR-		13 STRE	ET ADDRESS			
CITY-ST-ZIP ~	WEST PALM BEACH FL 33414		1.0 - 1.1 -	E1 4004C30 1 1	1986 Suellen Circle		
TITLE			1.4 CITY-		1986 Suellen Circle est Palm Beach, Fu	33 <i>414</i>	
NAME	D	DELETE		ST-ZIP N		33 <i>414</i> 中Change	Addition
IVANL	Wise, Raphael	₩ DELETE	1.4 CITY-	ST-ZIP N	est <u>Palm Beach, Full</u> 1D ughes Karen		Addition
STREET ADDRESS	WISE, RAPHAEL	Œ ŒLETE	1.4 CITY- 2.1 TITLE 2.2 NAME	ST-ZIP N	est Palm Beach, Fu		Addition
	WISE, RAPHAEL		1.4 CITY- 2.1 TITLE 2.2 NAME	ST-ZIP N. F.	est Palm Beach, Full 1D ughes Karen 1066 Suellen Circle	☐ Cffange 3414	
STREET ADDRESS	WISE, RAPHAEL 12018 SUELLEN CIRCLE	Ø DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE	ST-ZIP N. ET ADDRESS 1 ST-ZIP N.	est Palm Beach, Fully Ughes Karen Circle est Palm Beach, Fl. 3	正 Cflange	Addition
STREET ADDRESS CITY-ST-ZIP	WISE, RAPHAEL 12018 SUELLEN CIRCLE WEST PALM BEACH FL		1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	ST-ZIP N. ET ADDRESS 1 ST-ZIP N.	est Palm Beach, Fully Jughes Karen Circle lest Palm Beach, Fl 3	☐ Cffange 3414	
STREET ADDRESS CITY-ST-ZIP TITLE	WISE, RAPHAEL 12018 SUELLEN CIRCLE WEST PALM BEACH FL SD DITMAN, CONNIE		1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP N. ET ADDRESS 1. ST-ZIP N. ET ADDRESS 1.1	est Palm Beach, Fully Jughes Karen Circle Suellen Circle 1984 Palm Beach, Fl 3 nger, Gerigga Suellen Circle	☐Change 3414 ☐Change	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WISE, RAPHAEL 12018 SUELLEN CIRCLE WEST PALM BEACH FL SD DITMAN, CONNIE 14872 SUELLEN CIRCLE		1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STRE	ST-ZIP W. ET ADDRESS 1.3 -ST-ZIP M. ET ADDRESS 11 -ST-ZIP M. ST-ZIP M.	est Palm Beach, Fully Dughes, Karen Circle lest Palm Beach, Fl. 3 linger, Geriggs—seellen Circle lest Palm Beach, Fl. 3 lost Palm Beach,	☐Change 3414 ☐Change	
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(\$)(i), Florida Statutes. I further ce tify 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 trustated to execute this report as required by Chapter \$17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 12027 Suclien Circle

SIGNATURE:

APHER: FLORENCE

12040 SUELLEN CIRCLE

NAME

STREET ADDRESS

EAN WILLE REUNERDUARD

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90053 043 ****61.25

CR2E037 (11/98)