


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

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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 C/O CMD MANAGEMENT 3082 JOG ROAD LAKE WORTH FL 33467 US			Mailing Address C/O CMD MANAGEMENT 3082 JOG ROAD LAKE WORTH FL 33467 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/07/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1950581	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSENTHAL, DAVID C/O CMD MANAGEMENT 3082 JOG ROAD LAKE WORTH FL 33467				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 David C Rosenthal DATE 4/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KANE, BILL			1.2 NAME	Fasciani, Lottie		
STREET ADDRESS	12000 SUELLEN CIR			1.3 STREET ADDRESS	11986 SuelLEN Circle		
CITY-ST-ZIP	WEST PALM BEACH FL 33414			1.4 CITY-ST-ZIP	West Palm Beach, FL 33414		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	F/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WISE, RAPHAEL			2.2 NAME	Hughes, Karen		
STREET ADDRESS	12018 SUELLEN CIRCLE			2.3 STREET ADDRESS	12066 SuelLEN Circle		
CITY-ST-ZIP	WEST PALM BEACH FL			2.4 CITY-ST-ZIP	West Palm Beach, FL 33414		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DITMAN, CONNIE			3.2 NAME	Linger, Geri		
STREET ADDRESS	11872 SUELLEN CIRCLE			3.3 STREET ADDRESS	11992 SuelLEN Circle		
CITY-ST-ZIP	WEST PALM BEACH FL			3.4 CITY-ST-ZIP	West Palm Beach, FL 33414		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMSON, BILLIE			4.2 NAME	Uretsky, Laura		
STREET ADDRESS	12013 SUELLEN CIRCLE			4.3 STREET ADDRESS	11870 SuelLEN Circle		
CITY-ST-ZIP	WEST PALM BEACH FL			4.4 CITY-ST-ZIP	West Palm Beach, FL 33414		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOOMIS, GEORGE			5.2 NAME			
STREET ADDRESS	12016 SUELLEN CIR			5.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33414			5.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	APHER, FLORENCE			6.2 NAME	Ward, Vicki		
STREET ADDRESS	12040 SUELLEN CIRCLE			6.3 STREET ADDRESS	12027 SuelLEN Circle		
CITY-ST-ZIP	WEST PALM BEACH FL			6.4 CITY-ST-ZIP	West Palm Beach, FL 33414		

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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 517, 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.

SIGNATURE: VICINIA WARD REYNOLDS DATE 4/22/99 (561) 964-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0046225

CR2E037 (11/98)