

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739006 (5)
Corporation Name
AMERICAN HOMES HOMEOWNERS ASSOCIATION #1, INC.

Principal Place of Business Mailing Address
9070 KIMBERLY BLVD., SUITE 48 BOCA RATON FL 33434
9070 KIMBERLY BLVD.
SUITE 27 BOX 122
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/11/1977 3a. Date of Last Report 05/24/1994
4. FEI Number 59-2349710 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 199.002, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
RADER, STUART A ESQ
7280 W PALMETTO PARK ROAD
SUITE 106
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title of corporation

(NOTE: Registered Agent signatures required when terminating)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P SHANNON, VENTRY L 9177 SOUTHAMPTON PL BOCA RATON FL 33434
V VENTRY, SHANNON 9177 SOUTHAMPTON PLACE BOCA RATON FL
T CUSIMANO, CHRIS 9308 GETTYSBURG ROAD BOCA RATON FL
S BARRY, GRIM 9140 SOUTHAMPTON PL BOCA RATON FL 33434
D CLOSE, JENNIE 9519 BEURLINGTON PLACE BOCA RATON FL
NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE P/D Jennie Close ☒ Change ☐ Addition
12 NAME 4519 Burlington Place
13 STREET ADDRESS Boca Raton, FL 33434
14 CITY-ST-ZIP
21 TITLE V/D ☒ Change ☐ Addition
22 NAME Abbie Bill
23 STREET ADDRESS 9261 Edgemont Lane
24 CITY-ST-ZIP Boca Raton, FL
31 TITLE S/D ☒ Change ☐ Addition
32 NAME Rod Park
33 STREET ADDRESS 19366 Carolina Cr.
34 CITY-ST-ZIP Boca Raton, FL
41 TITLE T/D ☒ Change ☐ Addition
42 NAME Barry Grim
43 STREET ADDRESS 9140 Southampton Pl
44 CITY-ST-ZIP Boca Raton, FL 33434
51 TITLE P/D ☒ Change ☐ Addition
52 NAME Chris Cusimano
53 STREET ADDRESS 9308 Gettysburg Road
54 CITY-ST-ZIP Boca Raton, FL 33434
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(b), 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:

Jennie Close
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

479-0717

Date

Signature Number