

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739006 (5)

1. Corporation Name

AMERICAN HOMES HOMEOWNER'S 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

2. Principal Place of Business

2a. Mailing Address

21 543 N.W. 77TH ST.

26 543 N.W. 77TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 200

27 200

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33487

25

29 33487

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/11/1977

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2349710

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

RADER, STUART A ESQ
7280 W PALMETTO PARK ROAD
SUITE 100
BOCA RATON FL 33433

81 Name

Sheri A. Scarborough

82 Street Address (P.O. Box Number is Not Acceptable)

543 N.W. 77th Street

83

Ste 200

84 City

Boca Raton

FL

85 Zip Code

33487

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

Sheri A. Scarborough

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
CLOSE, JENNIE
STREET ADDRESS 9519 BURLINGTON PL
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME VD
BILL, ABBIE
STREET ADDRESS 9207 EDMONT LANE
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME SD
PARK, ROD
STREET ADDRESS 19266 CAROLINA CR
CITY-ST-ZIP BOCA RATON FL

TITLE ☒ DELETE

NAME TD
BARRY, GRIM
STREET ADDRESS 9140 SOUTHAMPTON PL
CITY-ST-ZIP BOCA RATON FL

TITLE ☒ DELETE

NAME D
CUSIMANO, CHRIS
STREET ADDRESS 9308 GETTYSBURG RD
CITY-ST-ZIP BOCA RATON FL

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Roy Parks

3.3 STREET ADDRESS 19266 CAROLINA CIRCLE

3.4 CITY-ST-ZIP BOCA RATON, FL 33434

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME T/D

4.3 STREET ADDRESS MARILYN GALLO

4.4 CITY-ST-ZIP 19190 WESTBROOK DRIVE

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME Karen Palaia

5.3 STREET ADDRESS 4304 WATERCOURSE WAY

5.4 CITY-ST-ZIP BOCA RATON, FL 33434

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

Roy Parks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

Date

997-4556

Daytime Phone #

CR2E037 (12/95)