

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 744668 (5) 1. Corporation Name CRANBROOK TOWN HOME OWNERS ASSOCIATION, INC.			



Principal Place of Business	Mailing Address
A & M PROPERTY MGMT., INC. 3475 Hiatus Road Sunrise, FL 33351	A & M PROPERTY MGMT., INC. 3475 Hiatus Road Sunrise, FL 33351

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2145387		3a. Date of Last Report 02/14/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
A & M PROPERTY MGMT., INC. 3475 Hiatus Road Sunrise, FL 33351				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 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: *[Signature]* DATE: 4/2/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANUS, BARBARA			1.2 NAME	DOINO, JOSEPH		
STREET ADDRESS	4640 NW 9 AVE.			1.3 STREET ADDRESS	4617 NW 9 AVENUE		
CITY-ST-ZIP	POMPANO BCH FL			1.4 CITY-ST-ZIP	POMPANO BEACH, FL		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOINO, JOE			2.2 NAME	GLENN, TIM		
STREET ADDRESS	4617 NW 9TH AVE.			2.3 STREET ADDRESS	4681 NW 9 AVNUE		
CITY-ST-ZIP	POMPANO BCH FL 33064			2.4 CITY-ST-ZIP	POMPANO BEACH, FL		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSSI, FRANK			3.2 NAME	HERNANDEZ, HENRY		
STREET ADDRESS	921 NW 45TH STREET			3.3 STREET ADDRESS	4517 NW 9th AVENUE		
CITY-ST-ZIP	POMPANO BCH FL 33064			3.4 CITY-ST-ZIP	POMPANO BEACH, FL		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLENN, TIM			4.2 NAME	ROSSI, FRANK		
STREET ADDRESS	4681 NW 9 AVE.			4.3 STREET ADDRESS	921 NW 45 STREET		
CITY-ST-ZIP	POMPANO BCH FL			4.4 CITY-ST-ZIP	POMPANO BEACH, FL		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]*

CR2E037 (9/96)