

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744668** (5)
1. Corporation Name
CRANBROOK TOWN HOME OWNERS ASSOCIATION, INC.



Principal Place of Business A&M PROPERTY MGMT 3475 HIATUS RD SUNRISE FL 33351 US	Mailing Address A&M PROPERTY MGMT 3475 HIATUS RD SUNRISE FL 33351 US
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3. Date Incorporated or Qualified 10/23/1978	
4. FEI Number 59-2145387	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent A&M PROPERTY MGMT 3475 HIATUS RD SUNRISE FL 33351

10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE **4/20/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD DOINO, JOSEPH
STREET ADDRESS	4617 NW 9 AVE
CITY-ST-ZIP	POMPANO BCH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VD GLENN, TIA
STREET ADDRESS	4681 NW 9 AVE
CITY-ST-ZIP	POMPANO BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD HERNANDEZ, HENRY
STREET ADDRESS	4517 NW 9 AVE
CITY-ST-ZIP	POMPANO BCH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D ROSSI, FRANK
STREET ADDRESS	921 NW 45 ST
CITY-ST-ZIP	POMPANO BCH. FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VP/D CHERYL GLENN
1.3 STREET ADDRESS	4681 NW 9th Avenue
1.4 CITY-ST-ZIP	Pompano Beach, FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Betty Arrieto
2.3 STREET ADDRESS	933 NW 45th Street
2.4 CITY-ST-ZIP	Pompano Beach, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **4/11/98** **741-46006**

CR2E037 (10/97)