CORPORATION ANNUAL REPORT 1995

DIVISION OF CORPORATIONS

95 APR 24 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749708 (4)

1. Corporation Name

CHANNING VILLAS HOMEOWNERS ASSOC., INC.

Principal Place of Business	Mailing Address
13857 WELLINGTON TRACE D-1 W PALM BCH FL 33414	13857 WELLINGTON TRACE D-1 W PALM BCH FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1950581 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 6801 Lake Worth Road	26 6801 Lake worth Road
Suite, Apt. #, etc. 22 Suite 124	Suite, Apt. #, etc. 27 Suite 124
City & State 23 Lake Worth, Florida	City & State 28 Lake Worth, Florida
Zip: 24 33467 Country: 25 Palm Beach	Zip: 29 33467 Country: 30 Palm Beach

9. Name and Address of Current Registered Agent

NELSON, MICHAEL H
13857 WELLINGTON TRACE
SUITE D-1
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

61 Name: Stone, Julian
62 Street Address (P.O. Box Number is Not Acceptable): 11941 Suellen Circle
63
64 City: West Palm Beach, FL 65 Zip Code: 33414

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: Julian M Stone Julian Stone 4-19-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	V/D	☒ Change ☐ Addition
NAME	BORCHERS, KARON	12 NAME	Salk, Alvin	
STREET ADDRESS	11984 SUELLEN CIRCLE	13 STREET ADDRESS	12042 Suellen Circle	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	14 CITY-ST-ZIP	West Palm Beach, FL 33414	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	SALK, ALVIN	22 NAME	Jacoby, Martin	
STREET ADDRESS	12042 SUELLEN CIRCLE	23 STREET ADDRESS	11994 Suellen Circle	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	West Palm Beach, FL, 33414-6274	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	STEPHENS, HELEN	32 NAME		
STREET ADDRESS	11988 SUELLEN CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	T/D	☒ Change ☐ Addition
NAME	LEVINSON, MIRAM	42 NAME	Borchers, Karen	
STREET ADDRESS	12024 SUELLEN CIRCLE	43 STREET ADDRESS	11984 Suellen Circle	
CITY-ST-ZIP	W. PALM BEACH FL	44 CITY-ST-ZIP	West Palm Beach, FL, 33414-6274	
TITLE	PD	51 TITLE	P/D	☒ Change ☐ Addition
NAME	BLAT, BOB	52 NAME	Stone, Julian	
STREET ADDRESS	12026 SUELLEN CIRCLE	53 STREET ADDRESS	11941 Suellen Circle	
CITY-ST-ZIP	WELLINGTON FL	54 CITY-ST-ZIP	West Palm Beach, FL, 33414	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Julian M Stone Julinn Stone 4-19-95 (407) 798-5975
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0511404