

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 # 749708 (4)

1. Corporation Name

CHANNING VILLAS HOMEOWNERS ASSOC., INC.



Principal Place of Business

**6801 LAKE WORTH ROAD
SUITE 124
LAKE WORTH FL 33467
US**

Mailing Address

**6801 LAKE WORTH ROAD
SUITE 124
LAKE WORTH FL 33467
US**

3. Date Incorporated or Qualified
11/07/1979

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STONE, JULIAN
11941 SUELLEN CIRCLE
SUITE D-1
WEST PALM BEACH FL 33414**

81 Name

Hughes, Richard G., Dr.

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

12066 Suellen Circle

83

84 City

West Palm Beach

FL

85

Zip Code
33414

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

Richard G. Hughes (President)

2/19/96

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **SALK, ALVIN**
CITY-ST-ZIP **12042 SUELLEN CIRCLE**
WEST PALM BEACH FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JACOBY, MARTIN**
CITY-ST-ZIP **11994 SUELLEN CIRCLE**
WEST PALM BEACH FL

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **STEPHENS, HELEN**
CITY-ST-ZIP **11966 SUELLEN CIRCLE**
WELLINGTON FL

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **BORCHERS, KAREN**
CITY-ST-ZIP **11984 SUELLEN CIRCLE**
WEST PALM BEACH FL

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **STONE, JULIAN**
CITY-ST-ZIP **11941 SUELLEN CIRCLE**
WEST PALM BEACH 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 **VD**
1.3 STREET ADDRESS **Borchers, Karen., Dr.**
1.4 CITY-ST-ZIP **11984 Suellen Circle**
West Palm Beach, FL. 33414-6277

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Wise, Raphael**
2.4 CITY-ST-ZIP **12018 Suellen Circle**
West Palm Beach, FL. 33414-6277

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **SD**
3.3 STREET ADDRESS **Ditman, Connie**
3.4 CITY-ST-ZIP **11872 Suellen Circle**
West Palm Beach, FL. 33414-6277

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **TD**
4.3 STREET ADDRESS **Rose, Maurice**
4.4 CITY-ST-ZIP **12050 Suellen Circle**
West Palm Beach, FL. 33414-6277

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **PD**
5.3 STREET ADDRESS **Hughes, Richard G., Dr.**
5.4 CITY-ST-ZIP **12066 Suellen Circle**
West Palm Beach, FL. 33414-6277

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

Date

407-793-9854

Daytime Phone #

CR2E037 (12/95)