

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

**6801 LAKE WORTH ROAD
SUITE 124
LAKE WORTH FL 33467
US****6801 LAKE WORTH ROAD
SUITE 124
LAKE WORTH FL 33467-2965
US**3. Date Incorporated or Qualified
11/07/19793a. Date of Last Report
02/26/1996

2. Principal Place of Business

21 **2994 Jog Road**

2a. Mailing Address

26 **2994 Jog Road**

4. FEI Number

59-1950581

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Suite B**

Suite, Apt. #, etc.

27 **Suite B**

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

City & State

23 **Greenacres, FL.**

City & State

28 **Greenacres, FL.**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees

Zip

24 **33467**

Country

25 **U.S.**

Zip

29 **33467**

Country

30 **U.S.**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

**HUGHES, RICHARD G D
12066 SUELLEN CIRCLE
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETENAME **BORCHERS, KAREN DR**
STREET ADDRESS **11984 SUELLEN CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL**TITLE **D** ☐ DELETENAME **WISE, RAPHAEL**
STREET ADDRESS **12018 SUELLEN CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL**TITLE **SD** ☐ DELETENAME **DITMAN, CONNIE**
STREET ADDRESS **11872 SUELLEN CIRCLE**
CITY-ST-ZIP **WEST PALM BCH FL**TITLE **TD** ☐ DELETENAME **ROSE, MAURICE**
STREET ADDRESS **12050 SUELLEN CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL**TITLE **PD** ☐ DELETENAME **HUGHES, RICHARD G D**
STREET ADDRESS **12066 SUELLEN CIRCLE**
CITY-ST-ZIP **WEST PALM BEACH FL**TITLE ☐ DELETENAME
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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**S/D
Thomson, Billie
12013 Suellen Circle
West Palm Beach, FL. 33414****T/D
Ditman, Connie
11872 Suellen Circle
West Palm Beach, FL. 33414****D
Apher, Florence
12040 Suellen Circle
West Palm Beach, FL. 33414**

14. I do 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:

Richard Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/97

(561) 641-1016

Date

Daytime Phone # 0044053

CR2E037 (9/96)