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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 755344

1. Corporation Name

COUNTRY VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6175 NW 153 STREET
 #101
 MIAMI LAKES FL 33014

Mailing Address

P.O. BOX 171768
 HIALEAH FL 33017-1768



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/24/1980

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
ROSA M. DE LA CAMARA
 5201 BLUE LAGOON DRIVE, SUITE 100
 MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name **Hyman & Kaplan, P.A.**
 82 Street Address (P.O. Box Number is Not Acceptable) **Museum Tower**
150 West Flagler Street
 83 **Twenty-Seventh Floor C/O Gary M. Mars**
 84 City **Miami** **FL** 85 Zip Code **33130**

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/26/99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	TAWIL, MARGARITA	19771 NW 64 PLACE	HIALEAH FL 33015	<input checked="" type="checkbox"/>
VPD	IVERSON, JOHN	6101 NW 198 TERRACE	HIALEAH FL 33015	<input type="checkbox"/>
SD	HUNGLER, ANNETTE	19631 NW 57 COURT	HIALEAH FL 33015	<input type="checkbox"/>
T	ATUSTIN, ESPOSITO	6264 NW 201 LANE	HIALEAH FL 33015	<input type="checkbox"/>
D	AARONS, PIERRE R	5874 NW 198 TERR	HIALEAH FL 33015	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1.1	Agustin Exposito	6264 NW 201 Lane	Hialeah, Florida 33015	<input type="checkbox"/>	<input type="checkbox"/>
2.1	John Iverson	6101 NW 198 Terrace	Hialeah, Florida 33015	<input type="checkbox"/>	<input type="checkbox"/>
3.1	Annette Hungler	19631 NW 57 Court	Hialeah, Florida 33015	<input type="checkbox"/>	<input type="checkbox"/>
4.1	Jaime Duran	20121 NW 58 Avenue	Hialeah, Florida 33015	<input type="checkbox"/>	<input type="checkbox"/>
5.1	Nannette Rodriguez	20131 NW 58 Avenue	Hialeah, Florida 33015	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

[Signature] Agustin Exposito 6/16/99 3053648044
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)