

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 # 762123 (8)
1. Corporation Name
COUNTRY CLUB MOBILE HOME OWNERS FEDERATION, INC.



Principal Place of Business
**2905 NW 28TH AVE.
OAKLAND PARK FL 33311
US**

Mailing Address
**2764 NW 29TH ST
OAKLAND PARK FL 33311-1324
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1982		3a. Date of Last Report 06/08/1995	
21		26		4. FEI Number 65-0078928		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THIBODEAU, MAURICE 2905 NW 28TH AVE. OAKLAND PARK FL 33311				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12 OFFICERS AND DIRECTORS				13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATENAUE, J PAUL			1.2 NAME	DUMONT MARC		
STREET ADDRESS	2943 NW 28TH TERRACE			1.3 STREET ADDRESS	2790 NW 29TH ST.		
CITY-ST-ZIP	OAKLAND PARK FL			1.4 CITY-ST-ZIP	OAKLAND PARK FL 33311	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	CHARLENBOIS, RJEAN			2.2 NAME			
STREET ADDRESS	2801 NW 30TH CT			2.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL 33311			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARQUIS, CLAIRE			3.2 NAME			
STREET ADDRESS	2788 NW 29TH PLACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL 33311			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSSIERS, ANDRE			4.2 NAME			
STREET ADDRESS	2764 N.W. 29TH ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL 33311			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THIBODEAU, MAURICE			5.2 NAME			
STREET ADDRESS	2905 NW 28TH AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL 33311			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILBROD, DELISLE			6.2 NAME			
STREET ADDRESS	3015 NW 28TH TERRACE			6.3 STREET ADDRESS			
CITY-ST-ZIP	OAKLAND PARK FL 33311			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, or on an attachment with an address.

SIGNATURE: *Andre Bussieres* **ANDRE BUSSIERS** **FEB. 20-1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)