

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moore</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762123** (8)

1. Corporation Name

**COUNTRY CLUB MOBILE HOME OWNERS FEDERATION, INC**

Principal Place of Business

Mailing Address

**2905 NW 28TH AVE  
OAKLAND PARK FL 33311  
US**

**2764 NW 28TH ST  
OAKLAND PARK FL 33311-1324  
US**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>02/26/1982</b>	3a. Date of Last Report <b>02/27/1996</b>
4. FEI Number <b>65-0078928</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THIBODEAU, MAURICE  
2905 NW 28TH AVE.  
OAKLAND PARK FL 33311**

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	PD <input type="checkbox"/> DELETE
NAME	<b>DUMONT, MARC</b>
STREET ADDRESS	<b>2790 NW 29TH STREET</b>
CITY - ST - ZIP	<b>OAKLAND PARK FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>CHARLENOIS, RJEAN</b>
STREET ADDRESS	<b>2801 NW 30TH CT</b>
CITY - ST - ZIP	<b>OAKLAND PARK FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>MARQUIS, CLAIRE</b>
STREET ADDRESS	<b>2788 NW 29TH PLACE</b>
CITY - ST - ZIP	<b>OAKLAND PARK FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>BUSSIERES, ANDRE</b>
STREET ADDRESS	<b>2764 N.W. 29TH ST.</b>
CITY - ST - ZIP	<b>OAKLAND PARK FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>THIBODEAU, MAURICE</b>
STREET ADDRESS	<b>2905 NW 28TH AVE.</b>
CITY - ST - ZIP	<b>OAKLAND PARK FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>WILBROD, DELISLE</b>
STREET ADDRESS	<b>3015 NW 28TH TERRACE</b>
CITY - ST - ZIP	<b>OAKLAND PARK FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PD CHARLEBOIS REJEAN</b>
1.3 STREET ADDRESS	<b>2801 NW 30TH CT</b>
1.4 CITY - ST - ZIP	<b>OAKLAND PARK FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD SHERMAN RICHARD</b>
2.3 STREET ADDRESS	<b>2842 NW 28TH WAY</b>
2.4 CITY - ST - ZIP	<b>OAKLAND PARK FL</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD BABIN ANNA</b>
3.3 STREET ADDRESS	<b>3020 NW 28TH LANE</b>
3.4 CITY - ST - ZIP	<b>OAKLAND PARK FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TD TRAHAN MARCEL</b>
4.3 STREET ADDRESS	<b>2773 NW 29TH CT.</b>
4.4 CITY - ST - ZIP	<b>OAKLAND PARK FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D DELISLE WILBROD</b>
5.3 STREET ADDRESS	<b>3016 NW 28TH TERR.</b>
5.4 CITY - ST - ZIP	<b>OAKLAND PARK FL</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D BELCOURT GEORGETTE</b>
6.3 STREET ADDRESS	<b>2773 NW 29TH PLACE</b>
6.4 CITY - ST - ZIP	<b>OAKLAND PARK FL</b>

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: *M. Trahan* **MARCEL TRAHAN T.D MARCH 13-1997** { 954-714-8288 USA  
514-348-8153 CAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034554

CR2E037 (9/96)