


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90173 044 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 762123</b>					
1. Corporation Name <b>COUNTRY CLUB MOBILE HOME OWNERS FEDERATION, INC.</b>					
Principal Place of Business 2801 NW 30TH COURT OAKLAND PARK FL 33311 US			Mailing Address 2801 NW 30TH COURT OAKLAND PARK FL 33311 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/26/1982 4. FEI Number 65-0078928 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CHARLEBOIS, REJEAN 2801 NW 30TH CT. FT. LAUDERDALE 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 <i>Rejean Charlebois</i> REJEAN CHARLEBOIS 02-01-1999 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP VD PATENAUE, PIERRETTE 2943 NW 28TH TERRACE OAKLAND PARK FL			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TD GALIPEAULT, LUCIEN 3024 NW 28TH TERR. OAKLAND PARK FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP D DEMERS, ALINE 2783 NW 29TH DR. OAKLAND PARK FL			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP D Gabrielle Amoretti 2776 NW 29th Street Ft. Lauderdale, FL 33311		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP D GERACE, STEPHEN 2934 NW 28TH WAY OAKLAND PARK FL			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP D Jim Suvak 2929 NW 28th Lane Oakland Park FL 33311		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP SD CHAMBERLAIN, ARTHUR 3031 NW 28TH LANE OAKLAND PARK FL			5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP D Arthur Chamberlain 3031 NW 28th Lane Oakland Park FL 33311		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP D BELCOURT, GEORGETTE 2773 N.W. 29TH PLACE OAKLAND PARK FL			6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP S Cecilia Bouchard 2923 NW 28th Terrace Oakland Park FL 33311		

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: *Rejean Charlebois* REJEAN CHARLEBOIS, President 02-01-99 (954) 733-8438  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)