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FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00681 (9)

1. Corporation Name
COUNTRYPARK AT BOCA RATON HOMEOWNERS' ASSOCIATIO N, INC.

Principal Place of Business % STEVEN M. RUBERTONE 150 E. PALMETTO PARK ROAD, SUITE 500 BOCA RATON FL 33432 US	Mailing Address % STEVEN M. RUBERTONE 150 E. PALMETTO PARK ROAD, SUITE 500 BOCA RATON FL 33432 US
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3. Date Incorporated or Qualified
12/30/1983

4. FEI Number
59-2373578

Applied For
Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
30. City	31. City

Handwritten notes: 26. Palmetto Park Road, 27. Boca Raton FL, 28. 33432, 30. Palm Beach

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**RUBERTONE, STEVEN M.
150 E. PALMETTO PARK ROAD
SUITE 500
BOCA RATON FL 33432**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BOEHLY, ROBERT	
STREET ADDRESS	8269 CEDAR HOLLOW LANE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOBOLTS, JEAN	
STREET ADDRESS	8439 RED WAGON LANE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KLAMERUS, LORI	
STREET ADDRESS	8332 BUTTERFIELD LANE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, FREDA	
STREET ADDRESS	8270 BARNYARD WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINS, MAC	
STREET ADDRESS	23426 SHETLAND RUN	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DON BURKE	
STREET ADDRESS	23261 NEW COACH WAY	
CITY-ST-ZIP	BOCA RATON, FL 33433	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vice-President
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400002500524
4.3 STREET ADDRESS	-04/27/98--01010--010
4.4 CITY-ST-ZIP	***61.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	25
5.3 STREET ADDRESS	4.24
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SECRETARY
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Handwritten signature* VD