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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01484 (7)

1. Corporation Name
COUNTRY LANE CONDOMINIUM NO.2 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12079 SW 131ST AVENUE MIAMI FL 33186	12079 SW 131ST AVENUE MIAMI FL 33186-6475

3. Date Incorporated or Qualified: 02/16/1984
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business
21 Miami Management
Suite, Apt. #, etc.
22 14275 SW 142 Avenue
City & State
23 Miami FL
Zip 24 33186 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2516760 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MICHAEL HYMAN, ESQ.
HYMAN & KAPLAN
44 W. FLAGLER, 14TH FLOOR COURTHOUSE TOW.
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: Hyman, Michael ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 150 West Flagler St.
83 27th Floor
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HALLBACK, MATTIE		1.2 NAME	Hallback, Mattie	
STREET ADDRESS	17000 NW 67TH AVE 241		1.3 STREET ADDRESS	17000 NW 67th Avenue #241	
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-ST-ZIP	Miami FL 33015	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	KINARD, JIMMY		2.2 NAME	Wesolowsky, Frank	
STREET ADDRESS	17000 NW 67 AVE #341		2.3 STREET ADDRESS	17000 NW 67th Avenue#244	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami FL 33015	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCKOY, SHIRLEY		3.2 NAME		
STREET ADDRESS	17000 NW 67 AVE #335		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	WEST, IRWIN		4.2 NAME	Perez, Maria	
STREET ADDRESS	17000 NW 67 AVE #326		4.3 STREET ADDRESS	17000 NW 67th Avenue #444	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami FL 33015	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: [signature] 4-17-97