

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 16 PM 3: 09

DOCUMENT # **N17284** (3)  
1. Corporation Name  
**COUNTRY HOMES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
5741 SW 47 ST 5741 SW 47 ST  
DAVIE FL 33314 DAVIE FL 33314  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/13/1986 3a. Date of Last Report 02/23/1994  
4. FEI Number 65-0150494 Applied For Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
EARNEST, MARY  
6800-B GRIFFIN RD.  
DAVIE FL 33314

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                   |
|----------------|-------------------|
| TITLE          | PD                |
| NAME           | BENTON, BERRY     |
| STREET ADDRESS | 4751 SW 57TH TERR |
| CITY- ST- ZIP  | DAVIE FL          |
| TITLE          | VD                |
| NAME           | KITAY, JEANETTE   |
| STREET ADDRESS | 4731 SW 57 AVE    |
| CITY- ST- ZIP  | DAVIE FL          |
| TITLE          | D                 |
| NAME           | LOCK, DESMOND     |
| STREET ADDRESS | 4781 SW 57TH TERR |
| CITY- ST- ZIP  | DAVIE FL          |
| TITLE          | STD               |
| NAME           | FARRAR, GRACE     |
| STREET ADDRESS | 5741 SW 47TH ST   |
| CITY- ST- ZIP  | DAVIE FL          |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY- ST- ZIP  |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY- ST- ZIP  |                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                     |  |
|--------------------|---------------------|--|
| 1.1 TITLE          | PD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Tindall, Matthew    |  |
| 1.3 STREET ADDRESS | 5720 SW 47th Street |  |
| 1.4 CITY- ST- ZIP  | Davie, FL 33314     |  |
| 2.1 TITLE          | VD                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           | Kitay, Jeanette     |  |
| 2.3 STREET ADDRESS | 4731 SW 57th Avenue |  |
| 2.4 CITY- ST- ZIP  | Davie, FL 33314     |  |
| 3.1 TITLE          | STD                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           | Farrar, Grace       |  |
| 3.3 STREET ADDRESS | 5741 SW 47th Street |  |
| 3.4 CITY- ST- ZIP  | Davie, FL 33314     |  |
| 4.1 TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Lasorsa, Linda      |  |
| 4.3 STREET ADDRESS | 5700 SW 47th Street |  |
| 4.4 CITY- ST- ZIP  | Davie, FL 33314     |  |
| 5.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                     |  |
| 5.3 STREET ADDRESS |                     |  |
| 5.4 CITY- ST- ZIP  |                     |  |
| 6.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                     |  |
| 6.3 STREET ADDRESS |                     |  |
| 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 included 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: Grace M. Farrar Treasurer 2/9/95 5845091  
 (Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Filing Number)