

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17284 (3)**  
1. Corporation Name  
**COUNTRY HOMES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>5741 SW 47 ST DAVIE FL 33314 US</b>	Mailing Address <b>5741 SW 47 ST DAVIE FL 33314-4555 US</b>
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3. Date Incorporated or Qualified <b>10/13/1986</b>	3a. Date of Last Report <b>01/26/1996</b>
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2. Principal Place of Business <b>21 4740 SW 57 Terrace</b>	2a. Mailing Address <b>26 4740 SW 57 Terrace</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Davie, FL</b>	City & State <b>28 Davie, FL</b>
Zip <b>24 33314</b>	Country <b>25</b>
Zip <b>29 33314</b>	Country <b>30 Broward</b>

4. FEI Number <b>65-0150494</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TINDALL, MATTHEW</b>	
STREET ADDRESS	<b>5720 SW 47TH ST</b>	
CITY-ST-ZIP	<b>DAVIE FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KITAY, JEANETTE</b>	
STREET ADDRESS	<b>4731 SW 57 AVE</b>	
CITY-ST-ZIP	<b>DAVIE FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FARRAR, GRACE</b>	
STREET ADDRESS	<b>5741 SW 47TH STREET</b>	
CITY-ST-ZIP	<b>DAVIE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LASORSA, LINDA</b>	
STREET ADDRESS	<b>5700 SW 47TH STREET</b>	
CITY-ST-ZIP	<b>DAVIE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Robert Wilson</b>		
1.3 STREET ADDRESS	<b>4771 SW 57 Avenue</b>		
1.4 CITY-ST-ZIP	<b>Davie, FL 33314</b>		
2.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Mike Gati</b>		
2.3 STREET ADDRESS	<b>4770 SW 57 Avenue</b>		
2.4 CITY-ST-ZIP	<b>Davie, FL 33314</b>		
3.1 TITLE	<b>S/T/D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>Deborah Clawson</b>		
3.3 STREET ADDRESS	<b>4740 SW 57 Terrace</b>		
3.4 CITY-ST-ZIP	<b>Davie, FL 33314</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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, changed, or on an attachment with an address.

SIGNATURE: Deborah Clawson Deborah Clawson 1/17/97 954-327-0916  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036259

CR2E037 (9/96)