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Secretary of State

03-02-1999 90016 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17284

1. Corporation Name
COUNTRY HOMES HOMEOWNERS ASSOCIATION, INC.

142630 - 90016 - 18

Principal Place of Business 4740 SW 57 TERRACE DAVIE FL 33313 US	Mailing Address 4740 SW 57TH TERRACE DAVIE FL 33314 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 10/13/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0150494
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	Trust Fund Contribution

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EARNEST, MARY 6800-B GRIFFIN RD. DAVIE FL 33314		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WILSON, ROBERT	1.1 TITLE	PD BARBARA SOZIO
NAME	4771 SW 57TH AVENUE	1.2 NAME	4771 SW 57TH AVENUE
STREET ADDRESS	DAVIE FL	1.3 STREET ADDRESS	DAVIE, FL
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD GATI, MIKE	2.1 TITLE	UPD Judith A. Smith
NAME	4770 SW 57TH AVENUE	2.2 NAME	5740 SW 47 STREET
STREET ADDRESS	DAVIE FL	2.3 STREET ADDRESS	DAVIE, FL
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD CLAWSON, DEBORAH	3.1 TITLE	SD LINDA LASORSA
NAME	4740 SW 57 TERRACE	3.2 NAME	5700 SW 47 STREET
STREET ADDRESS	DAVIE FL	3.3 STREET ADDRESS	DAVIE, FL
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TD DEBORAH CLAWSON
NAME		4.2 NAME	4740 SW 57 TERRACE
STREET ADDRESS		4.3 STREET ADDRESS	DAVIE, FL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	COM. HEE CHAIRMAN
NAME		5.2 NAME	ROBERT WILSON
STREET ADDRESS		5.3 STREET ADDRESS	4771 SW 57 AVENUE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DAVIE, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 1/21/99 954-327-0916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)