

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90002 008 ****70.00

DOCUMENT # N17284

1. Entity Name

COUNTRY HOMES HOMEOWNERS ASSOCIATION, INC.

R

Principal Place of Business

4740 SW 57 TERRACE
 DAVIE FL 33313
 US

Mailing Address

4740 SW 57TH TERRACE
 DAVIE FL 33314
 US

2. Principal Place of Business

4741 SW 57 Ter

3. Mailing Address

4741 SW 57 Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE, FL

Zip

33314

Country

USA

Zip

33314

Country

USA

4. FEI Number

65-0150494

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EARNEST, MARY
 6800-B GRIFFIN RD.
 DAVIE FL 33314

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOZIO, BARBARA	
STREET ADDRESS	4731 SW 57 AVE.	
CITY-ST-ZIP	DAVIE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, JUDITH A	
STREET ADDRESS	5740 SW 47 STREET	
CITY-ST-ZIP	DAIVE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LASORSA, LINDA	
STREET ADDRESS	5700 SW 47 STREET	
CITY-ST-ZIP	DAVIE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CLAWSON, DEBORAH	
STREET ADDRESS	4740 SW 57 TERRACE	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John West	
STREET ADDRESS	4731 SW 57 Ter	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Billie Ferguson	
STREET ADDRESS	4711 SW 57 Ter	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA BARDSKI	
STREET ADDRESS	4741 SW 57 Ter	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phyllis Way	
STREET ADDRESS	4716 SW 57 Ter	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phyllis Way 7/7/00 (954) 791-5006
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)