

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90025 042 ****61.25

DOCUMENT # N17284

1. Entity Name:
COUNTRY HOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
4760 SW 57TH TERRACE
DAVIE FL 33314
US

Mailing Address
4760 SW 57TH TERRACE
DAVIE FL 33314
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
4760 SW 57 Ter
 Suite, Apt. #, etc.

City & State
DAVIE FL

City & State
DAVIE FL

Zip
33314

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0150494** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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.)

FILE NOW: FEE IS \$61.25

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

TITLE NAME	PD TROTTA, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	5760 SW 57TH ST	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE NAME	VPD FERGUSON, BILLIE	<input type="checkbox"/> Delete
STREET ADDRESS	4701 SW 57TH TER	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE NAME	SDTD WAY, PHYLLIS	<input type="checkbox"/> Delete
STREET ADDRESS	4760 SW 57 TER	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** **1/8/02**

CR2E037 (9/01)