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NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

|            | ·····        |     |
|------------|--------------|-----|
| DOCUMENT # | N96000003423 | (8) |

## **FILED** May 13 1997 8:00am Secretary of State

| 1. Corporal  | JIVIEIN I<br>tion Name          | # 149000   | JUU              | 103423 (0   | )       |                           |                |        |   |                           |  |                                  |                |
|--|---------------------------------|--|------------------|---|---------|---------------------------|----------------|--------|---|---------------------------|--|----------------------------------|----------------|
| CHU  | rch stre                        | ET HOMEWOWNE   | RS A             | SSOCIATION, IN                                    | C.      |                           |                |        | ) 10 00110 010 1010 0101 0011 8011  | 1 38(1) 38(1) 41          | IN <b>I 6</b> 48134 <b>J</b> (B.J.)    | 11 <b>102</b> 1111 1 <b>03</b> 1 |                |
|  |                                 |  |                  |   |         |                           |                |        |   |                           |  |                                  |                |
| Principal Pla  | ace of Busines                  | SS   | •                | Mailing Address                                   |         |                           |                |        | L immiliat die iblid Etrei difter mitt  | . 20111 44111 81          | lika iinii midia                       | )1888 1111 1881                  |                |
| 7201 NW 9 STREET 7201 NW 9 STREET PLANTATION FL 33317-1152 |                                 | 152  |                  |   |         |                           |                |        |   |                           |  |                                  |                |
|  |                                 |  |                  |   |         |                           |                |        | 3. Date Incorporated or Qualified 06/25/1996                                    | 3a. De                    | ite of Last R                          | eport                            |                |
|  | Place of Busi                   | ness   | 21               | a. Mailing Address                                |         |                           | ·              |        | 4. FEI Number   | ····                      | X Ap                                   | plied For                        | ]              |
| 21<br>Suite, Ar  | at # oto                        | <del></del>  | 26               | Suite, Apt. #, etc.                               |         |                           |                |        | ,,  |                           |  | ot Applicable                    | -              |
| 22   | ot. <b>0, 6</b> 10.             |  | 27               | <b>-</b>  |         |                           |                |        | 5. Certificate of Status Desired  |                           | \$8.75 /<br>Fee Re                     |                                  |                |
| City & St  | tate                            |  |                  | City & State                                      |         |                           |                |        | 6. Election Campaign Financing  |                           | \$5.00                                 | May Be                           | 1              |
| <b>23</b> Zip  |                                 | Country  | 28               | Zip   | _       | Country                   |                |        | Trust Fund Contribution   |                           | Added                                  |                                  | -              |
| 24   |                                 | 25   | 29               | ٦ .   | 30      | Country                   |                |        | This corporation has liability for Florida Statutes                             |                           | tax under s<br>D No                    | . 199.032,                       |                |
|  | 9. Name                         | and Address of Curre                                     |                  |   |         |                           |                |        | 10. Name and Address of New R   |                           |  |                                  | 1              |
|  |                                 |  |                  |   |         | 81                        | Name           |        |   |                           |  |                                  |                |
|  | EWS, JOHN                       | S  |                  |   |         | 82                        | Street A       | ddre   | ss (P.O. Box Number is Not Accepta  | ble)                      |  |                                  | 1              |
| 1  | ne 4 ave<br>Uderdale i          | FI 33304   |                  |   |         | 83                        |                |        |   |                           | ······································ |                                  | }              |
| ,,,,,  | OULINDALL I                     | L 00007  |                  |   |         |                           | 0.5.           |        |   | <del>,</del>              |  | 0.4.                             | }              |
| l  |                                 |  |                  |   |         | 84                        | City           |        |   | FL                        | . } }                                  | Code                             | }              |
| 11. Pursual office of                                      | nt to the provisor registered a | sions of Sections 617.05t<br>gent, or both, in the State | 02 and<br>of Fio | 617.1508, Florida Statu<br>orida. Such change was | autho   | he above<br>prized by     | the corpo      | orpo   | ration submits this statement for the on's board of directors. I hereby accepts | purpose of<br>opt the app | changing it<br>cintment as             | s registered<br>registered       |                |
| ľ  |                                 |  |                  |   | iorida  | Statutes                  | ).             |        |   |                           |  |                                  |                |
| 40   | Signature, type                 | d or printed name of registered ag                       | ent and ti       | tle if applicable (NC                             | TE: Aeg |                           | nt signatura n | equire | s when reinstating)   | DATE                      | DIDEOTOE                               | 20.00.40                         | ي ا            |
| 12.  | I D                             | OFFICERS AN  | ואוט טואן        | DELETE  | -       | 13.                       |                |        | ADDITIONS/CHANGES TO OFF  | CERS AND                  | Change                                 | Addition                         | 18             |
| NAME   | 1 -                             | ERTSON, J A  |                  |   | ]       | 1.2 NAME                  | 1              |        |   |                           | •                                      |                                  | CR2E037 (9/96) |
| STREET ADDRES  |                                 | 75 TERRACE   |                  |   | ı       | 1.3 STREET                | ADDRESS        |        |   |                           |  |                                  |                |
| CITY-S1-ZIP  |                                 | ATION FL 33317   |                  | T becare  | _       | 1.4 CITY-S                | T-21P          |        |   |                           | T 1 A                                  | and the second                   | ᆟᅜᅩ            |
| NAME   | D                               | ERTSON, CYNTHIA  |                  | DELETE  | ı       | 2.1 TITLE<br>2.2 NAME     |                |        |   |                           | Change                                 | Addition                         | 1              |
| STREET ADDRES  |                                 | 75 TERRACE   |                  |   | ł       | 2.3 STREET                | ADDRESS        |        |   | ··                        |  |                                  | }              |
| CrTY - ST - ZIP  |                                 | ATION FL 33317   |                  |   |         | 2. 4 CITY-5               |                |        |   |                           |  |                                  |                |
| TITLE  | D                               | OFNE II  |                  | DELETE  | - 1     | 3.1 TITLE                 |                |        |   |                           | Change                                 | Addition                         |                |
| NAME<br>030557 400055                                      |                                 | Gene H<br>/ 75 Terrace                                   |                  |   |         | 32 NAME                   |                |        |   |                           |  |                                  |                |
| STREET ADDRES  | 1                               | ATION FL 33317   |                  | •   | 1       | 3.3 STREET<br>3.4. CITY-5 | 1              |        |   |                           |  |                                  | 1              |
| TITLE  | 1                               | 1110(1112 0001)  |                  | DELETE  | _       | 4.1 TITLE                 | 21-21          |        |   |                           | Change                                 | Addition                         | 1              |
| NAME   |                                 |  |                  |   | 1       | 4. 2 NAME                 | 1              |        |   |                           |  |                                  | 1              |
| STREET ADDRES  | is                              |  |                  |   | Ī       | 4.3 STREET                | ADDRESS        |        |   |                           |  |                                  |                |
| CHTY-ST-ZIP<br>TITLE                                       | <del></del>                     |  |                  | DELETE  |         | 4.4 CITY-S<br>5.1 TITLE   | T-ZIP          |        |   |                           | Change                                 | Addition                         | -              |
| NAME   |                                 |  |                  | C DETERT  |         | 5.2 NAME                  | j              |        |   |                           | Svignige                               | Em Foorius                       |                |
| STREET ADDRES  | is                              |  |                  |   | 1       | 5.3 STREET                | ADDRESS        |        |   |                           |  |                                  |                |
| CITY-ST-ZIP  |                                 |  |                  |   |         | 5.4 CITY-5                |                |        |   |                           |  |                                  |                |
| TITLE  |                                 |  |                  | DELETE  | 1       | 6.1 TITLE                 |                |        |   |                           | Change                                 | Addition                         |                |
| NAME   |                                 |  |                  |   | Į       | 62 NAME                   | 1000           |        |   |                           |  |                                  |                |
| STREET ADDRES  | SS                              |  |                  |   |         | 6.3 STREET                |                |        |   |                           |  |                                  |                |
| 14 Ldo be  | reby certify the                | at the information supplies                              | od with          | this filing does not out                          | lify fo | 6.4 CITY - S              |                | ated   | in Section 119 07/3\/i) Florida Statut  | as I furtha               | r cartify that                         | the                              | 4              |

red nereby certify that the miormation supplied with this anitodated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver entriffee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed or one attachment with an address.

SIGNATURE