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Apr 17 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000000629 (2)**

1. Corporation Name

**COUNTRY LAKES COMMUNITY ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133	2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 2601 S. Bayshore Drive
22 City & State	27 Suite 900, Legal Dept
23 Zip	28 Miami, Florida
24 Country	29 33133
25	30

3. Date Incorporated or Qualified	02/04/1997
4. FEI Number	65-0738411
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
LANGLEY, MARCIA H 2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133	

10. Name and Address of New Registered Agent	
81 Name	Goldman, Joel K.
82 Street Address (P.O. Box Number is Not Acceptable)	2601 S. Bayshore Drive, Suite 900
83	
84 City	Miami
85 Zip Code	FL 33133

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 *Joel K. Goldman* (Joel K. Goldman) 4/10/98

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP	MIAMI FL 33133
TITLE	D <input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP	MIAMI FL 33133
TITLE	VSD <input checked="" type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP	MIAMI FL 33133
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	WOODBURY, KIMBALL D
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP	MIAMI FL 33133
TITLE	VT <input type="checkbox"/> DELETE
NAME	YATES, BRENDA
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP	MIAMI FL 33133
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VDS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Troisi, Claudia
1.3 STREET ADDRESS	2601 S. Bayshore Drive
1.4 CITY-ST-ZIP	Miami, Florida 33133
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cook, Paula
3.3 STREET ADDRESS	2601 S. Bayshore Drive
3.4 CITY-ST-ZIP	Miami, Florida 33133
4.1 TITLE	VDAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Goldman, Joel K.
4.3 STREET ADDRESS	2601 S. Bayshore Drive
4.4 CITY-ST-ZIP	Miami, Florida 33133
5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Yates, Brenda
5.3 STREET ADDRESS	2601 S. Bayshore Drive
5.4 CITY-ST-ZIP	Miami, Florida 33133
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Joel K. Goldman* 4/10/98 305-859-4557

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