

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90014 034 ****61.25

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1. Corporation Name

COUNTRY. RUN COMMUNITY ASSOCIATION, INC.

Principal Place of Business
2180 WEST SR 434 SUITE 5000
LONGWOOD FL 32779-5044
US

Mailing Address
2180 WEST SR 434 SUITE 5000
LONGWOOD FL 32779-5044
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/16/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3173251

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWANN, HADLEY A
1031 WEST MORSE BLVD.
270
WINTER PARK FL 32789

81 Name
HART JR, JAMES W
82 Street Address (P.O. Box Number is Not Acceptable)
2180 W SR 434 STE 5000
83
84 City
LONGWOOD FL 85 Zip Code
32779

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

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

(NOTE: Registered Agent signature required when reinstating)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCAULIFFE, TERENCE R.
STREET ADDRESS 1341 G. STREET, NW, SUITE 200
CITY-ST-ZIP WASHINGTON, DC

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 20005

☒ Change ☐ Addition

TITLE DST
NAME MCAULIFFE, DOROTHY S
STREET ADDRESS 1341 G STREET, N.W., SUITE 200
CITY-ST-ZIP WASHINGTON, D.C. 20005

☐ DELETE

2.1 TITLE STD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME DYER, ALECIA S
STREET ADDRESS 1341 G STREET, N.W., SUITE 200
CITY-ST-ZIP WASHINGTON, D.C. 20005

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME SWANN, CHRISTIAN M.
STREET ADDRESS 1031 W. MORSE BLVD., SUITE 200
CITY-ST-ZIP WINTER PARK FL

☐ DELETE

4.1 TITLE VD
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 32789

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

4-22-99

407-643-8977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)