FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

93 MAR -2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33968 (1)

1. Corporation Name

COUNTRY LANDING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 568846~~ ~~ORLANDO, FL 32856~~	~~P.O. BOX 568846~~ ~~ORLANDO FL 32856~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1989
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2965483 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 182150	26 c/o Mid-Florida Prop. Mgmt.
22 Suite, Apt. #, etc.	27 P.O. Box 182150
23 City & State: Casselberry FL	28 Casselberry, FL
24 Zip: 32718-2150 25 Country	29 Zip: 32718-2150 30 Country

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~P & R HOUSING MANAGEMENT INC~~ ~~1317 LAKE WILLISARA CIRCLE~~ ~~ORLANDO FL 32806~~	81 Name: Mid-Florida Property Management, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 5250 South U.S Hwy. 17-92 83 84 City: Casselberry FL 85 Zip Code: 32707

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ William C. Space, President 2/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	1.1 TITLE	DT	☒ Change ☐ Addition
NAME	~~OROSZ, WILLIAM~~	1.2 NAME	Beesley, Richard	
STREET ADDRESS	~~598 S. NORTH LAKE BLVD., STE. 1040~~	1.3 STREET ADDRESS	1749 Country Terrace Lane	
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~	1.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	~~S~~	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~DELL, ARLIN~~	2.2 NAME	Antolick, John	
STREET ADDRESS	~~598 S NORTH LAKE BLVD., STE. 1040~~	2.3 STREET ADDRESS	1712 Country Terrace Lane	
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~	2.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	~~DVP~~	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~WOOD, STEPHEN~~	3.2 NAME	Rhodes, Mark	
STREET ADDRESS	~~598 S NORTH LAKE BLVD STE 1040~~	3.3 STREET ADDRESS	261 Country Landing Blvd.	
CITY-ST-ZIP	~~ALTAMONTE SPGS FL~~	3.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	~~TD~~	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	OPPELT, DEBORAH	4.2 NAME		
STREET ADDRESS	~~1715 COUNTGRY GHALET CT~~	4.3 STREET ADDRESS	1715 Country Chalet Ct.	
CITY-ST-ZIP	~~APOPKA FL~~	4.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	~~AVPD~~	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~DYWALETZ, MICHAEL~~	5.2 NAME	Hinson, James	
STREET ADDRESS	~~1731 COUNTRY TERRACE LN~~	5.3 STREET ADDRESS	1700 Country Terrace Lane	
CITY-ST-ZIP	~~APOPKA FL~~	5.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: Deborah S. Oppelt President 3/24/95 407-8394200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Deborah S. Oppelt

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