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

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29145** **(2)**

1. Corporation Name

COUNTRY ADDRESS COMMUNITY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1228 BRIDLEBROOK DR. CASSELBERRY FL 32707 US	C/O TEAM ONE MANAGEMENT 1590 GAY ROAD CASSELBERRY FL 32718-0476 US

3. Date Incorporated or Qualified: **11/04/1988**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2871531** ☐ Applied For ☐ Not Applicable
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 § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 P O Box 180476
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HUFF, SANDRA M
1228 BRIDLEBROOK DR.
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P O Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (Signature of typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where indicated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE	TD	☒ Change ☐ Addition
NAME	NELSON, RHONDA	12 NAME	LAPARA, NANCY	
STREET ADDRESS	2062 PERNOD CT.	13 STREET ADDRESS	1453 MARGARET CRESCENT DR	
CITY ST ZIP	APOPKA FL	14 CITY ST ZIP	APOPKA, FL 32703	
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	BOYCE, PEARL	22 NAME		
STREET ADDRESS	2062 SUE ELLEN COURT	23 STREET ADDRESS		
CITY ST ZIP	APOPKA FL	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	GILLETTE, MONIKA	32 NAME		
STREET ADDRESS	2058 PERNOD CT	33 STREET ADDRESS		
CITY ST ZIP	APOPKA FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	GITTLEMAN, HARVEY	42 NAME		
STREET ADDRESS	1934 PIA CT	43 STREET ADDRESS		
CITY ST ZIP	APOPKA FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 if changed, or on an attachment with an address.

SIGNATURE: Nancy Lapara Nancy Lapara Treasurer 5/1/95 407-351-3500
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone Number) Ext. 1188

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