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 MAR 31 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000482 (9)

1. Corporation Name

COUNTRY MEADOWS RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
76 NORTH MEADOWS DRIVE PLANT CITY FL 33565	76 NORTH MEADOWS DRIVE PLANT CITY FL 33565

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1994
3a. Date of Last Report:
4. FEI Number: Applied For ☐ Not Applicable ☒

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

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

TEEVAN, RONALD P
200 N GARDEN AVENUE
SUITE A
CLEARWATER FL 34615

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☒ Change ☐ Addition
NAME	SCHWALB, GEORGE J JR	12 NAME	Jane Curtis
STREET ADDRESS	411 S EDGEWATER DR	13 STREET ADDRESS	28 S. Meadows Drive
CITY-ST-ZIP	PLANT CITY FL 33565	14 CITY-ST-ZIP	Plant City FL. 33565
TITLE	D	21 TITLE	V.P. ☒ Change ☐ Addition
NAME	SEWELL, WILLIAM A	22 NAME	George Brummitt
STREET ADDRESS	358 COUNTRY MEADOWS BLVD.	23 STREET ADDRESS	417 S. Edgewater Drive
CITY-ST-ZIP	PLANT CITY FL 33565	24 CITY-ST-ZIP	Plant City FL. 33565
TITLE	D	31 TITLE	T ☒ Change ☐ Addition
NAME	COTTON, JOANNE	32 NAME	Thomas L. Reed
STREET ADDRESS	348 COUNTRY MEADOWS BLVD.	33 STREET ADDRESS	206 Meadow Brook Lane
CITY-ST-ZIP	PLANT CITY FL 33565	34 CITY-ST-ZIP	Plant City FL. 33565
TITLE	D	41 TITLE	S ☒ Change ☐ Addition
NAME	BRUMMITT, GEORGE	42 NAME	James Bunnside
STREET ADDRESS	417 S EDGEWATER DR.	43 STREET ADDRESS	508 Lake Circle
CITY-ST-ZIP	PLANT CITY FL 33565	44 CITY-ST-ZIP	Plant City FL. 33565
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	HORSFALL, ROBERT	52 NAME	Donna Ludwig
STREET ADDRESS	340 SUNSET KEY	53 STREET ADDRESS	94 Country Club Drive
CITY-ST-ZIP	PLANT CITY FL 33565	54 CITY-ST-ZIP	Plant City FL. 33565
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	STRAND, RICHARD	62 NAME	Ant Bauman
STREET ADDRESS	341 SUNSET KEY	63 STREET ADDRESS	46 Pleasant Circle
CITY-ST-ZIP	PLANT CITY FL 33565	64 CITY-ST-ZIP	Plant City FL. 33565

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: Thomas L. Reed — March 27, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas L Reed — 813 754 4045

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