

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996-3-13-96

B-22088

C

DOCUMENT # N94000000482 (9)

1. Corporation Name

COUNTRY MEADOWS RESIDENTS ASSOCIATION, INC.

Principal Place of Business

76 NORTH MEADOWS DRIVE
PLANT CITY FL 33565

Mailing Address

76 NORTH MEADOWS DRIVE
PLANT CITY FL 33565



3. Date Incorporated or Qualified
01/27/1994

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
NOT APPLICABLE

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

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

COLLING, LEE JAY P
20 N. ORANGE AVE., SUITE 700
ORLANDO FL 32801

81 Name

MICHAEL J. BRUDNY

82 Street Address (P.O. Box Number is Not Acceptable)

ONE URBAN CENTRE, SUITE 750

83

4830 WEST KENNEDY BLVD.

84

TAMPA

FL

85 Zip Code
33609

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 not applicable

(NOTE: Registered Agent Signature required when reinstating)

3/4/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
CURTIS, JANE
18 S. MEADOWS DRIVE
PLANT CITY FL 33565
☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
BURMMITT, GEORGE
417 S. EDGEWATER DRIVE
PLANT CITY FL 33565
☒ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
VP
WAYNE WYCKOFF
34 S. MEADOW DR.
PLANT CITY 33565
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
REED, THOMAS L
206 MEADOW BROOK LANE
PLANT CITY FL 33565
☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
BURNSIDE, JAMES
508 LAKE CIRCLE
PLANT CITY FL 33565
☒ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
S
DONNA LUDWIG
94 COUNTRY CLUB DR.
PLANT CITY 33565
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LUDWIG, DONNA
94 COUNTRY CLUB DRIVE
PLANT CITY FL 33565
☒ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
D
LORRAINE DIROFF
78N. MEADOW DR.
PLANT CITY, 33565
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BAUMAN, ART
46 PLEASANT CIRCLE
PLANT CITY FL 33565
☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)