

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N29145** (2)
1. Corporation Name
COUNTRY ADDRESS COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**1228 BRIDLEBROOK DR.
CASSELBERRY FL 32707
US**

Mailing Address
**P.O. BOX 180476
1590 GAY ROAD
CASSELBERRY FL 32718-0476
US**

3. Date Incorporated or Qualified
11/04/1988

3a. Date of Last Report
05/01/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

2a. Mailing Address
26 **P.O. Box 180476**

Suite, Apt. #, etc.
27

City & State
28 **Casselberry, FL**

Zip
29 **32718-0476**

Country
30 **US**

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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TD	LAPARA, NANCY	1453 MARGARET CRESCENT DR	APOPKA FL	<input checked="" type="checkbox"/>
DP	BOYCE, PEARL	2062 SUE ELLEN COURT	APOPKA FL	<input checked="" type="checkbox"/>
SD	GILLETTE, MONIKA	2058 PERNOCT CT	APOPKA FL	<input checked="" type="checkbox"/>
D	GITTLEMAN, HARVEY	1934 PIA CT	APOPKA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	Change	Addition
PD	Harvey Gittleman	1934 Pia Court	Apopka, FL 32703	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Steven Dennis	1978 Martina Street	Apopka, FL 32703	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Louis Gerald Gilmore	1942 Martina Street	Apopka, FL 32703	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Ronald Chapman	1905 Tindaro Street	Oviedo, FL 32703	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Daniel Taylor	1962 Tindaro Drive	Apopka, FL 32703	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

Ronald Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-96

Date

Daytime Phone #

CR2E037 (12/95)