

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 # **N33968** (1)
1. Corporation Name
COUNTRY LANDING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**P O BOX 182150
CASSELBERRY FL 32718-2150
US**

Mailing Address
**C/O MID-FLORIDA PROP. MGMT.
P O BOX 182150
CASSELBERRY FL 32718-2150
US**

3. Date Incorporated or Qualified
08/30/1989

3a. Date of Last Report
03/02/1995

| | | | |
|---|----------------------------------|---|---------------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 59-2965483 | Applied For Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**M FLA PROP MGMT., INC
5250 SOUTH US HWY 17-92
CASSELBERRY FL 32707**

81 Name
William C. Space Community Assn. Mgr.

82 Street Address (P.O. Box Number is Not Acceptable)
40 Mid-Florida Prop. Mgmt., Inc.

83
5250 South U.S. Hwy 17-92

84 City
Casselberry

85 Zip Code
FL 32707

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]* **William C. Space, Community Assn. Mgr.** DATE **3/26/96**

(NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|--|--|
| TITLE DT | BEASLEY, RICHARD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME Esco Richter | |
| STREET ADDRESS | | 1.3 STREET ADDRESS 279 Country Landing Blvd. | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP Apopka, Florida 32703 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE SD | ANTOLICK, JOHN <input checked="" type="checkbox"/> DELETE | 2.1 TITLE VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME Joseph Grall | |
| STREET ADDRESS | | 2.3 STREET ADDRESS 318 Country Landing Blvd. | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP Apopka, FL 32703 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE VD | RHODES, MARK <input checked="" type="checkbox"/> DELETE | 3.1 TITLE SO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME Tammy Bohuslaw | |
| STREET ADDRESS | | 3.3 STREET ADDRESS 1704 Country Terrace Lane | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP Apopka, FL 32703 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE PD | OPPELT, DEBORAH <input checked="" type="checkbox"/> DELETE | 4.1 TITLE TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME Michael Bywaletz | |
| STREET ADDRESS | | 4.3 STREET ADDRESS 1731 Country Terrace Lane | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP Apopka, FL 32703 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D | HINSON, JAMES <input checked="" type="checkbox"/> DELETE | 5.1 TITLE PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME Bill Bardsley | |
| STREET ADDRESS | | 5.3 STREET ADDRESS 1706 Country Terrace Lane | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP Apopka, FL 32703 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE 700001777867 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME -04/12/96--01014--011 | |
| STREET ADDRESS | | 6.3 STREET ADDRESS ***61.25 | |
| 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)(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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Bywaletz, Treasurer

Date

Daytime Phone #

CR2E037 (12/95)