

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 # N95000001704
1. Corporation Name

COUNTRY CHASE COMMUNITY ASSOCIATION II, INC.

Principal Place of Business Mailing Address
150 Oxford Road, Suite 140 P. O. Box 300789
Fern Park, FL 32730-0789 Fern Park, FL 32730
0789

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	3a. Date of Last Report
21		26		59-3327493	04/11/95 Initial report
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		Applied For	
23 City & State		28 City & State		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Robert T. Shutts 150 Oxford Road, Suite 140 Fern Park, FL 32730-0789				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: *Robert T. Shutts* April 26, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Shutts, Robert T.			1.2 NAME			
STREET ADDRESS	150 Oxford Road			1.3 STREET ADDRESS			
CITY-ST-ZIP	Fern Park, FL 32730			1.4 CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Robinson, Joseph D., IV			2.2 NAME			
STREET ADDRESS	150 Oxford Road			2.3 STREET ADDRESS			
CITY-ST-ZIP	Fern Park, FL 32730-0789			2.4 CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Martha D'Amico			3.2 NAME			
STREET ADDRESS	150 Oxford Road			3.3 STREET ADDRESS			
CITY-ST-ZIP	Fern Park, FL 32730-0789			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME	700001808127		
STREET ADDRESS				4.3 STREET ADDRESS	-05/06/96--01015--017		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	***61.25		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME	5/1/96		
STREET ADDRESS				5.3 STREET ADDRESS	<i>OW</i>		
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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: *Robert T. Shutts* April 26, 1996 407-831-2211
Signature and typed or printed name of signing officer or director Date Daytime Phone #
Robert T. Shutts, President

CF2E037 (12/95)