**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

APPROVED AND FILED
96 AUG 29 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # N23091 (4)**

1. Corporation Name
**COUNTRYSIDE HEIGHTS HOMEOWNERS' ASSOCIATION, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 2423<br>APOPKA FL 32704-9423 | P O BOX 2423<br>APOPKA FL 32704-9423 |

3. Date Incorporated or Qualified: **10/19/1987**
3a. Date of Last Report: **08/11/1995**
4. FEI Number: **59-2937915** ☐ 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 | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

**9. Name and Address of Current Registered Agent**

WRIGHT, MARK W.
1736 WOODBURY CT., S
APOPKA FL 32712

**10. Name and Address of New Registered Agent**

81 Name: ROBERT CHRISTMAS
82 Street Address (P.O. Box Number is Not Acceptable): 2102 COUNTRYSIDE DR
83: 700001942447 09/09/96--01020--037 *****61.25
84 City: APOPKA FL ZIP Code: 32712

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 617.0502, Florida Statutes.

SIGNATURE: [signature] DATE: 8/22/96
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 | | |
|---|---|---|---|---|---|
| | | DELETE | | | Change / Addition |
| TITLE | D | ☐ | 1.1 TITLE | PRESIDENT | ☑ |
| NAME | LEHNER, CHARLES BUSEN | | 1.2 NAME | ROBERT CHRISTMAS | |
| STREET ADDRESS | 1717 WOODBURY CT., S | | 1.3 STREET ADDRESS | 2102 COUNTRYSIDE DRIVE | |
| CITY-ST-ZIP | APOPKA FL | | 1.4 CITY-ST-ZIP | APOPKA FL | |
| TITLE | D | ☐ | 2.1 TITLE | D | ☐ ☑ |
| NAME | GISELL, RICHARD | | 2.2 NAME | ~~RICHARD, GISELL~~ JACK Stultz | |
| STREET ADDRESS | 1786 WOODBURY CT., N | | 2.3 STREET ADDRESS | 1757 Woodbury Court | |
| CITY-ST-ZIP | APOPKA FL | | 2.4 CITY-ST-ZIP | APOPKA FL 32712 | |
| TITLE | D | ☑ | 3.1 TITLE | D | ☑ ☐ |
| NAME | GILLIAM, DANNY | | 3.2 NAME | RICHARD GESELL | |
| STREET ADDRESS | 1789 ERROL WOODS DR | | 3.3 STREET ADDRESS | 1786 WOODBURY COURT | |
| CITY-ST-ZIP | APOPKA FL | | 3.4 CITY-ST-ZIP | APOPKA FL 32712 | |
| TITLE | D | ☑ | 4.1 TITLE | D | ☑ ☐ |
| NAME | KEIFER, BRET | | 4.2 NAME | CHARLES BUSENLEHNER | |
| STREET ADDRESS | 1777 WOODBURY CT., N | | 4.3 STREET ADDRESS | 1717 WOODBURY COURT | |
| CITY-ST-ZIP | APOPKA FL | | 4.4 CITY-ST-ZIP | APOPKA FL 32712 | |
| TITLE | D | ☑ | 5.1 TITLE | D | ☐ ☑ |
| NAME | CHRISTMAS, BOX | | 5.2 NAME | DEE GATRELL | |
| STREET ADDRESS | 2102 COUNTRYSIDE DR | | 5.3 STREET ADDRESS | 2107 COUNTRYSIDE DRIVE | |
| CITY-ST-ZIP | APOPKA FL | | 5.4 CITY-ST-ZIP | APOPKA FL 32712 | |
| TITLE | P | ☑ | 6.1 TITLE | D | ☐ ☑ |
| NAME | WRIGHT, MARK | | 6.2 NAME | MARK SMOLENSKY | |
| STREET ADDRESS | 1736 WOODBURY CT, SOUTH | | 6.3 STREET ADDRESS | 1752 COLD SPRINGS COURT | |
| CITY-ST-ZIP | APOPKA FL | | 6.4 CITY-ST-ZIP | APOPKA FL 32712 | |

CR2E037 (3/96)

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] 7/22/96 884-6932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004032