

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1989	3a. Date of Last Report 04/11/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2965483		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	25. Country	29. Zip		30. Country	
2. Principal Place of Business		2a. Mailing Address		8. 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	
WILLIAM C. SPARE/COMMUNITY ASSN.MGR. C/O MID-FLORIDA PROP. MGMT., INC 5250 SOUTH U.S. HWY 17-92 CASSELBERRY FL 32707		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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER, ESCO	1.2 NAME	
STREET ADDRESS	279 COUNTRY LANDING BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRALL, JOSEPH	2.2 NAME	
STREET ADDRESS	318 COUNTRY LANDING BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHUSLAW, TAMMY	3.2 NAME	
STREET ADDRESS	1704 COUNTRY TERRACE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYWALETZ, MICHAEL	4.2 NAME	BURNHAM, DAVE
STREET ADDRESS	1731 COUNTRY TERRACE LANE	4.3 STREET ADDRESS	1751 COUNTRY COURT
CITY-ST-ZIP	APOPKA FL 32703	4.4 CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARDSLEY, BILL	5.2 NAME	
STREET ADDRESS	1706 COUNTRY TERRACE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Matthews, Lisa
STREET ADDRESS		6.3 STREET ADDRESS	1500 Country Mansion Court
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Apopka, FL 32703

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Handwritten Signature]

3-10-97

CR2E037 (9/96)