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May 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

1228 BRIDLEBROOK DR.
CASSELBERRY FL 32707
USP.O. BOX 180478
CASSELBERRY FL 32718-0478
US3. Date Incorporated or Qualified
11/04/19883a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUFF, SANDRA M
1228 BRIDLEBROOK DR.
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 DP ☒ DELETE
NAME GITTLEMAN, HARVEY
STREET ADDRESS 1934 PIA COURT
CITY - ST - ZIP APOPKA FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE VD ☐ DELETE
NAME DENNIS, STEVEN
STREET ADDRESS 1978 MARTINA ST
CITY - ST - ZIP APOPKA FL2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME DENNIS, STEVEN
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE SD ☐ DELETE
NAME GILMORE, LOUIS G.
STREET ADDRESS 1842 MARTINA ST
CITY - ST - ZIP APOPKA FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE D ☒ DELETE
NAME GITTLEMAN, HARVEY
STREET ADDRESS 1934 PIA CT
CITY - ST - ZIP APOPKA FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE TD ☒ DELETE
NAME CHAPMAN, RONALD
STREET ADDRESS 1905 TINDARO ST
CITY - ST - ZIP OVIEDO FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME TAYLOR, DANIEL
STREET ADDRESS 1962 TINDARO DR
CITY - ST - ZIP APOPKA FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone # 0013308

CR2E037 (9/96)