


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001704 (4)**  
1. Corporation Name  
**COUNTRY CHASE COMMUNITY ASSOCIATION II, INC.**



Principal Place of Business <b>150 OXFORD ROAD SUITE 140 FERN PARK FL 32730</b>	Mailing Address <b>P.O. BOX 300789 FERN PARK FL 32730-0789</b>
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3. Date Incorporated or Qualified <b>04/11/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>238 N. Westmonte Drive</b> Suite, Apt. #, etc. 22 <b>suite 105</b>	2a. Mailing Address 26 <b>P.O. BOX 161606</b> Suite, Apt. #, etc. 27
23 <b>Altamonte Springs, FL</b> City & State 24 <b>32714</b> Zip 25 <b>Seminole</b> Country	28 <b>Altamonte Springs, FL</b> City & State 29 <b>32716-1606</b> Zip 30 <b>Seminole</b> Country

4. FEI Number <b>59-3327493</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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  
**SHUTTS, ROBERT T  
150 OXFORD ROAD  
140  
FERN PARK FL 32730**

10. Name and Address of New Registered Agent  
81 Name **Margo A. Pfauser**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**238 N. Westmonte Drive**  
83 **Suite 105**  
84 City **Altamonte Springs, FL** 85 Zip Code **32714**

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: *Margo A. Pfauser* (NOTE: Registered Agent signature required when reinstating) DATE: **4-22-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHUTTS, ROBERT T</b>	1.2 NAME	<b>Rafael Mendez</b>
STREET ADDRESS	<b>150 OXFORD ROAD</b>	1.3 STREET ADDRESS	<b>7315 Penfield Ct.</b>
CITY-ST-ZIP	<b>FERN PARK FL 32730-0789</b>	1.4 CITY-ST-ZIP	<b>Orlando, Fl. 32818</b>
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBINSON, JOSEPH D IV</b>	2.2 NAME	<b>Lee Morgan</b>
STREET ADDRESS	<b>150 OXFORD ROAD</b>	2.3 STREET ADDRESS	<b>7309 Penfield Ct.</b>
CITY-ST-ZIP	<b>FERN PARK FL 32730-0789</b>	2.4 CITY-ST-ZIP	<b>Orlando, Fl. 32818</b>
TITLE	<b>DST</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D'AMICO, MARTHA</b>	3.2 NAME	<b>Deborah Rivera</b>
STREET ADDRESS	<b>150 OXFORD ROAD</b>	3.3 STREET ADDRESS	<b>1737 Tillstream Dr.</b>
CITY-ST-ZIP	<b>FERN PARK FL 32730-0789</b>	3.4 CITY-ST-ZIP	<b>Orlando, Fl. 32818</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>DT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Andrew Frye</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>7322 Penfield Ct.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Orlando, Fl. 32818</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>Robert T. Shutts</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>150 Oxford Rd.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Fern Park, Fl. 32730-0789</b>
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 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: *X Rafael Mendez* DATE: **4/28/97** Daytime Phone # **0013770**

CFR2E037 (9/96)