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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N92000000819 (4)**

1. Corporation Name

COUNTRY RUN COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
401 WEST COLONIAL DR. SUITE 7 ORLANDO FL 32804	401 WEST COLONIAL DR. SUITE 7 ORLANDO FL 32804

3. Date Incorporated or Qualified: 12/16/1992

4. FEI Number: 59-3173251 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1031 W. Morse Blvd.	26 1031 W. Morse Blvd.
Suite, Apt. #, etc. 22 Suite 250	Suite, Apt. #, etc. 27 Suite 250
City & State 23 Winter Park, FL	City & State 28 Winter Park, FL
Zip 24 32789 Country 25 USA	Zip 29 32789 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SWANN, HADLEY A
1031 WEST MORSE BLVD.
270
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

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 _____ DATE
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	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCAULIFFE, TERENCE R.		1.2 NAME	
STREET ADDRESS	1341 G. STREET, NW, SUITE 200		1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC		1.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCAULIFFE, DOROTHY S		2.2 NAME	
STREET ADDRESS	1341 G STREET, N.W., SUITE 200		2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, D.C. 20005		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DYER, ALECIA S		3.2 NAME	
STREET ADDRESS	1341 G STREET, N.W., SUITE 200		3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, D.C. 20005		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SWANN, CHRISTIAN M.		4.2 NAME	
STREET ADDRESS	1031 W. MORSE BLVD., SUITE 200		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. I 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] **SIGNATURE REQUIRED** 1-15-98 407-643-8977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #