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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90076 026 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N33968**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/30/1989

4. FEI Number

59-2965483

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

9. Name and Address of Current 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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE  
 NAME **MATTHEWS, LISA**  
 STREET ADDRESS **1500 COUNTRY MANSION COURT**  
 CITY-ST-ZIP **APOPKA FL**

TITLE **PD** ☐ DELETE  
 NAME **GRALL, JOSEPH**  
 STREET ADDRESS **318 COUNTRY LANDING BLVD.**  
 CITY-ST-ZIP **APOPKA FL**

TITLE **TD** ☐ DELETE  
 NAME **BOHUSLAW, TAMMY**  
 STREET ADDRESS **1704 COUNTRY TERRACE LANE**  
 CITY-ST-ZIP **APOPKA FL**

TITLE **D** ☒ DELETE  
 NAME **EDWARDS, ARNOLD**  
 STREET ADDRESS **1484 COUNTRY VILLA COURT**  
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **VD** ☒ DELETE  
 NAME **BARDSLEY, BILL**  
 STREET ADDRESS **1706 COUNTRY TERRACE LANE**  
 CITY-ST-ZIP **APOPKA FL**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD**  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

**Carter, Jennifer**  
**306 Country Landing Blvd.**  
**Apopka, FL 32703**

☐ Change ☒ Addition

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

**D**  
**Lightford, Lee**  
**1760 Country Terrace Lane**  
**Apopka, FL 32703**

☐ Change ☒ Addition

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

**VD**  
**Raetz, Steve**  
**1743 Country Terrace Lane**  
**Apopka, FL 32703**

☐ Change ☒ Addition

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

**JOSEPH GRALL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-99

Date

(407) 889-0650  
 Daytime Phone #

CR2E037 (1/98)