


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90076 007 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N23091</b>					
1. Corporation Name <b>COUNTRYSIDE HEIGHTS HOMEOWNERS' ASSOCIATION, INC</b>					
Principal Place of Business P O BOX 677307 ORLANDO FL 32867-7307			Mailing Address P O BOX 677307 ORLANDO FL 32867-7307		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1987	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2937915	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29 30	

9. Name and Address of Current Registered Agent <b>FRASCA, JOSEPH</b> 9816 EAST COLONIAL DR. ORLANDO FL 32817				10. Name and Address of New Registered Agent			
				81 Name <b>Joseph Frasca</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>7523 Aloma Ave, Suite 210</b>			
				83			
				84 City <b>Winter Park</b> FL 85 Zip Code <b>32792</b>			

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.  
**Joseph Frasca** 3/9/99

SIGNATURE *Joseph Frasca* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTMAS, ROBERT			1.2 NAME			
STREET ADDRESS	2102 COUNTRYSIDE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GESELL, RICHARD			2.2 NAME	Marty Schwartz		
STREET ADDRESS	1786 WOODBURY CT., N			2.3 STREET ADDRESS	1741 Cold Springs Court		
CITY-ST-ZIP	APOPKA FL			2.4 CITY-ST-ZIP	Apopka, FL 32712		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DOUGLAS, VALERIE			3.2 NAME	Mark Beall		
STREET ADDRESS	1709 ERROL WOODS DR			3.3 STREET ADDRESS	1718 Errol Woods Drive		
CITY-ST-ZIP	APOPKA FL 32712			3.4 CITY-ST-ZIP	Apopka, FL 32712	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE			
NAME	BUSENLEHNER, CHARLES			4.2 NAME			
STREET ADDRESS	1717 WOODBURY CCOURT			4.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	IANNUZZI, ROBERT			5.2 NAME	Bill Spiegel		
STREET ADDRESS	1788 ERROL WOODS CT			5.3 STREET ADDRESS	2150 Countryside Drive		
CITY-ST-ZIP	APOPKA FL 32712			5.4 CITY-ST-ZIP	Apopka, FL 32712	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE			
NAME	SMOLENSKI, MARK			6.2 NAME			
STREET ADDRESS	1752 COLD SPRINGS COURT			6.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712			6.4 CITY-ST-ZIP			

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: *Mark Smolenski* 3/12/99 407-214-7823  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)