


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90162 028 ****61.25
 08-03-1999 90009 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001704

1. Corporation Name
COUNTRY CHASE COMMUNITY ASSOCIATION II, INC.

Principal Place of Business 238 N WESTMONTE DR SUITE 260 ALTAMONTE SPRINGS FL 32714 US	Mailing Address PO BOX 161606 ALTAMONTE SPRINGS FL 32716-1606 US
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2. Principal Place of Business 21 7523 Aloma Avenue Suite, Apt. #, etc. 22 Suite 210 City & State 23 Winter Park, FL Zip 24 32792 Country 25 US	2a. Mailing Address 26 P.O. Box 677307 Suite, Apt. #, etc. 27 City & State 28 Orlando, Fl 32867 Zip 29 32867 Country 30 US	3. Date Incorporated or Qualified 04/11/1995	4. FEI Number 59-3327493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent PFAUSER, MARGO A 238 N WESTMONTE DR SUITE 260 ALTAMONTE SPRINGS FL 32714	10. Name and Address of New Registered Agent 81 Name Joseph Frasca 82 Street Address (P.O. Box Number is Not Acceptable) 7523 Aloma Avenue 83 Suite 210 84 City Winter Park 85 FL Zip Code 32792
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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 *Joseph Frasca* **Joseph Frasca** DATE **7/28/99**

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 DT	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUFFIN, QUINCY		1.2 NAME Ruffin, Quincy	
STREET ADDRESS 1819 GREYSTONE TR		1.3 STREET ADDRESS 1819 Greystone Tr	
CITY-ST-ZIP ORLANDO FL 32818		1.4 CITY-ST-ZIP Orlando, Fl 32818	
TITLE DVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORGAN, LEE		2.2 NAME	
STREET ADDRESS 7309 PENFIELD CT		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KILMER, STEVEN		3.2 NAME	
STREET ADDRESS 1773 TILLSTREAM DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32828		3.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	4.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRYE, ANDREW		4.2 NAME Frye, Andrew	
STREET ADDRESS 7322 PENFIELD CT		4.3 STREET ADDRESS 7322 Penfield Ct	
CITY-ST-ZIP ORLANDO FL		4.4 CITY-ST-ZIP Orlando, Fl	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHUTTS, ROBERT T		5.2 NAME Linda Walker	
STREET ADDRESS 150 OXFORD ROAD		5.3 STREET ADDRESS 1731 Tillstream Dr	
CITY-ST-ZIP FERN PARK FL		5.4 CITY-ST-ZIP Orlando, Fl 32818	
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 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: *Quincy Ruffin* **SIGNATURE OF REGISTERED OFFICER OR DIRECTOR** **QUINCY RUFFIN** DATE **7/28/99** DAYTIME PHONE # **(407) 292-6315**

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CR2E037 (5/99)