

3/2/01

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-02-2001 90050 017 ****61.25

DOCUMENT # N33968

1. Entity Name

COUNTRY LANDING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5025 SO US HWY 17-92
CASSELBERRY FL 32707
US5025 SO US HWY 17-92
~~P.O. BOX 182460~~
CASSELBERRY FL 32707
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2965483

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM C SPARE COMMUNITY ASSN MGR.
C/O MID-FLORIDA PROP. MGMT., INC
5025 SO US HWY 17-92
CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CARTER, JENNIFER	
STREET ADDRESS	306 COUNTRY LANDING BLVD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRALL, JOSEPH	
STREET ADDRESS	318 COUNTRY LANDING BLVD.	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIGHTFORD, LEE	
STREET ADDRESS	1760 COUNTRY TERRACE LANE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RAETZ, STEVE	
STREET ADDRESS	1743 COUNTRY TERRACE LANE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOBIAS, RICHARD	
STREET ADDRESS	1601 COUNTRY COURT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEWS, LISA A.	
STREET ADDRESS	1500 COUNTRY MANSION COURT	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, CHELSIE	
STREET ADDRESS	337 COUNTRY LANDING BLVD.	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOY, LORI E.	
STREET ADDRESS	300 COUNTRY LANDING BLVD.	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOUCHET, MELISSA L.	
STREET ADDRESS	1487 COUNTRY VILLA CT.	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARDSLEY, WILLIAM S.	
STREET ADDRESS	1706 COUNTRY TERRACE LANE	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melissa L Touchet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)