


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90060 033 ****61.25

DOCUMENT # N29145 1. Entity Name COUNTRY ADDRESS COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 491 N. S.R. 434 SUITE 125 ALTAMONTE SPRINGS, FL 32714 US			Mailing Address PO BOX 160580 ALTAMONTE SPRINGS, FL 32716-0580 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KANAGA, MERIDYTHE 491 N.S.R. 434, SUITE 125 ALTAMONTE SPRINGS, FL 32714				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS, STEPHEN 1978 MARTINA ST APOPKA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Boulanger, Sheri 2058 Sue Ellen Court Apopka, FL 32703	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROUSELL, CHERYL 1353 CONTREAU COURT APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roussell, Cheryl (change the spelling of last name)	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FRANCO, ROBERT 2063 INGE CT APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COHEN, ROBERTA 1972 MARTINA ST APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MACEJEWski, BETTY 1357 TINDARO DR APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCSWAIN, JEANNE 2025 WILDFIRE COURT APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ranck, Patricia 2055 Sue Ellen Court Apopka, FL 32703	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Cheryl Roussell</u> Cheryl Roussell, Pres. 3/8/04 407-862-2292 x 10 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

24021418



02092004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2871531

Applied For
☐ Not Applicable

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

*Attachment
24021416
#N29145*

Country Address Community Association, Inc.

March 11, 2004

Department of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

This is page two of our Document #N29145 Uniform Business Report for Country Address Community Association, Inc., Federal ID# 59-2871531 to add one more director to our corporation:

Title:	D
Name:	Rina, Markita
Address:	1386 Tindaro Drive
City-ST-Zip:	Apopka, FL 32703

Cc: file