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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

1. Corporation	111401116	` '				i e		
COUNTRY ACRES AUXILIARY, INC.					 	ISIR BIBSI ALDIF BIBN BIBNI TI		
Principal Place of Business Mailing Address							(OLE DISES BLAIL DISES BIRSE 18	illi
1850 S. DELEON AVE. 1850 S. DELEON AVE.						3. Date Incorporated or Qualified		
TITUSVILLE FL	32780	TITUSVILLE FL 32780				08/23/1971		
ļ						4. FEI Number	Applied Fo	or
0 0 0 0 0 0 0	None of Overlands	On Mallin Adalana				23-7158373	Not Applic	
21	Place of Business	2a. Mailing Address 26				5. Certificate of Status Desired	\$8.75 Additiona Fee Required	al
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & Stat	e	City & State			7. Is this nonprofit corporation a homeowners association?			
23		28	<u></u>			☐ Yes ☐ No		
Zip	Country	Zip	Count	ry		8. This corporation owes or has paid the co		
24	9. Name and Address of Curre	29 29 Agent	30			Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No	
	9. Name and Address of Corre	in negistered Agent		1 Nam	e	10. Name and Address of New Registered	Agent	
BENNETT, WARREN W.				2 Stree	et Addres	ss (P.O. Box Number is Not Acceptable)	<del></del>	
1850 S. DELEON AVE.			8					
TITUSVII	LE FL 32780-4747							
			8	4 City		Fi	85 Zip Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the abo	ve-name	d corpor	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its registe	red
agent. I a	m famillar with, and accept the obliq	gations of, Section 617.0503, Fi	orida Statut	es.	n horation	ins board of directors, Thereby accept the ap	pomitriem as registere	∌u
SIGNATURE .								\
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	gent signati	ure required	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	PD	DELETE	1,1 TITLE		Т	The state of the s	Change Add	
NAME	RAY, MONA		1,2 NAM		-			- }
STREET ADDRESS 2725 ST JOHNS STREET BLDG B ROOM 123			1.3 STRE	1.3 STREET ADDRESS				- 1
CITY-ST-ZIP	MELBOURNE FL	· · · · · · · · · · · · · · · · ·	1.4 CITY	ST-ZiP	1			
TITLE	SD	DELETE	2.1 TITLE	-	7		Change Add	lition
NAME	VICTOR, LAURA		2.2 NAM					ĺ
STREET ADDRESS	5085 ARECA PALM STREET		2.3 STRE	ET ADDRESS	;			Ì
CITY-ST-ZIP	COCOA FL		2. 4 CITY	-ST-ZIP				
TITLE	TD .	DELETE	3.1 TITLE		TD	24.	Change   Add	lition
NAME	KARBERG, JUNE		3.2 NAME	!	RA	GSDALE, DILL		
STREET ADDRESS	1655 N. CARPENTER RD		3.3 STRE	T ADDRESS	:   2 I	GSDALE, BILL 85 KEYLIME DRIVE TUSVILLE, FL 32780		İ
CITY-ST-ZIP	TITUSVILLE FL		3.4, CITY	ST-ZIP	Ti	TUSVILLE, PL 52160		
TITLE	VD	☐ DELETE	4.1 TITLE		j		Change Add	lition
NAME	WARREN, BENNETT		4. 2 NAM	E	ĺ			
STREET ADDRESS	1850 S DELEON AVE		4.3 STREE	T ADDRESS	;			
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY	ST-ZIP				
TITLE		☐ DELETE	5.1 TATLE		ł		Change Add	ittion
NAME			5.2 NAME					ĺ
STREET ADDRESS			5.3 STREE	T ADDRESS	1			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change Add	ition
NAME			6.2 NAME		1			
STREET ADDRESS			6.3 STREE	T ADDRESS	; [			Ī
PITV_ST_ZIP			64 CITY	CT_ 77D	1			

**FILED** 

Jan 15 1998 8:00am

Secretary of State