FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **767177** **(9)**

1. Corporation Name

COUNTRY OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4541 SW 46TH ST OCALA FL 34474-4354 US	4541 SW 46TH ST OCALA FL 34474-4354 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 02/24/1983
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-3099994 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FRAZIER, MILTON
4541 SW 46TH ST
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HARTZ, JAY		1.2 NAME	JAMES MILES	
STREET ADDRESS	4451 SW 44TH LANE		1.3 STREET ADDRESS	4561 SW 44 LANE	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	OCALA, FL. - 34474-9221	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HOWELL, DALLAS		2.2 NAME	WALTER LONG	
STREET ADDRESS	4460 SW 44TH LANE		2.3 STREET ADDRESS	4542 SW 44 LANE	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	OCALA, FL. - 34474-9427	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	HARDBOWER, SANDRA		3.2 NAME	VI DAVIS	
STREET ADDRESS	4471 SW 44TH LANE		3.3 STREET ADDRESS	4580 SW 46 AVENUE	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	OCALA, FL. - 34474-4347	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HETRICK, ELIZABETH		4.2 NAME		
STREET ADDRESS	4581 SW 44TH LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ 3-4-96 352-237-8642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #