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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

767177 **DOCUMENT #**

(9)

COUNTRY OAKS PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4541 SW 46TH ST OCALA FL 34474-4354 US OCALA FL 34474-4354 US								
US		US			3. Date Incorporated or Qualified 02/24/1983		te of Last 04/18/1	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		1	Applied For
21		26			59-3099994			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	e	City & State	 		6. Election Campaign Financing		\$5.0	O May Be
23		28			Trust Fund Contribution			d to Fees
Zıp	Country	Zip	Countr	У	8. This corporation has liability for			199.032,
24	25	29	[30]		Florida Statutes 10. Name and Address of New F	Yes 🔀	•	
	9. Name and Address of Curre	nt Registered Agent	81	1 Name	10. Name and Address of New F	registered i	Agent	
EDAZIEC	D MILTON							
	R, MILTON N 46TH ST		83	2 Street Add	iress (P.O. Box Number is Not Acceptab	ole)		
	FL 34474		83	3				
OUALA	FL 344/4							
			84	4 City		FL	85 Zs	o Code
or register familiar wi	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	rida. Such change was authoriction 617.0503, Florida Statute	ized by the corps.	poration's boa	oration submits this statement for the pu and of directors. I hereby accept the app	ointment as	registered	agent. I am
or register familiar wi SIGNATURE	ith, and accept the obligations of, Sec Signature, typed or printed name of registered ager	ction 617.0503, Florida Statute	ized by the constant of the co			DATE		
familiar wi	signature, typed or printed name of registered age OFFICERS AN	otion 617.0503, Florida Statute	IS. IOTE: Registered Ag	ent signature requiri	ed when reinstaling)	DATE FICERS AND		
signature 12.	Signature, typed or printed name of registered age OFFICERS At PD HARTZ, JAY	otion 617.0503, Florida Statute int and tile if applicable (ND DIRECTORS	IOTE: Registered Age	ent signature requin	ed when reinstaling) ADDITIONS/CHANGES TO OFI	DATE FICERS AND	DIRECTO	DRS IN 12
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I do nereby ceruly 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 end accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation by the eceiver 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 goal attachment an address.

SIGNATURE: 🚄

SIGNATHIRE AND THRED OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96

352-237-8642