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2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							
DOCUMENT # 769214				FILED			
1. Entity Name THE COUNTRY PLACE HOMEOWNERS' ASSOCIATION, INC.				05 FEB -8 AM 11: 44			
Principal Place	Y DR	Mailing Address PO BOX 4552 P.O. BOX 4552		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
SANFORD, FL 32771 US P.O. BOX 4552 SANFORD, FL 32772-4552			552 US				
2. Principal Place of Business		3. Mailing Address			<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112005 REIN	-NP CR2	E099 (6/04)	nri)
City & State		City & State		4. FEI Number NOT APPLICA	ABLE	Not	Applicable
Zip	Country	Zip	Country	_5. Certificate of Statu		\$8.75 Addit	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Addre	ss of New Hegistere	a Agent	
108 COUN	ARLES L JR. ITRY PLACE), FL 32771		Street Address (P.O. Box Number is Not Acceptable)				
			City		F	_	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the Strag of State of Sta							
FII	LE NOW!!! FEE IS \$297.50					eck payable to partment of Sta	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10
TITLE	PD	☐ Delete	TITLE			Change	Addition
NAME	JOHN BROTT, ROBERT		NAME				
STREET ADDRESS	111 COUNTRY PL SANFORD, FL		STREET ADDRESS CITY-ST-ZIP				
TITLE	VD VD	☐ Delete	TITLE			Channe	Addition
NAME	LEE BROTT, LYNDA	- Delete	NAME	. 3 <u>00</u> 1	046710 0105201	DSUZ,	_
STREET ADDRESS	111 COUNTRY PL		STREET ADDRESS	02/16/05	0105201	3 **122	.50
CITY-ST-ZIP	SANFORD, FL		CITY-ST-ZIP				
TITLE	TD	☐ Delete	TITLE			. Change	☐ Addition
NAME	ALICE COSBY, RUTH		NAME				
STREET ADDRESS CITY-ST-ZIP	112 COUNTRY PL		STREET ADDRESS CITY-ST-ZIP				
TITLE	SANFORD, FL	- Delete	TITLE		~ -	☐ Change	Addition ·
NAME	PARK, CHARLES L	, C Delete	NAME				
STREET ADDRESS	108 COUNTRY PL		STREET ADDRESS				
CITY-ST-ZIP	SANFORD, FL	<u> </u>	CETY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
		□ n-1	TITLE			☐ Change	Addition
TITLE NAME	,	☐ Delete	NAME		•	снапус	CT Vaginor)
STREET ADDRESS		•	STREET ADORESS				
CITY-S1-ZIP			CITY-ST-ZIP				
indicatéd	certify that the information supplied will on this report or supplemental report	is true and accurate and that n	ny signature shall have the	Section 119.07(3)(i), Flori e same legal effect as if r 17, Florida Statutes; and	nade under oath; tha	it I am an officer	or director

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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The Country Place Homeowner's Association

113 Country Place

Sanford, Fl 32771

February 3, 2005

Ruby Dunlap Document Specialist Florida Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, FL 32314

Reference No. 769214

Dear Ruby:

I apologize for the oversight in not mentioning that the year in question that we received neither the original nor the second notice for filing of the annual report is 2004.

Hopefully this will serve as clarification and I thank you again for your attention to this matter.

John Brott - President

Charles Park – Treasurer

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