

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 17, 2003 8:00 am
Secretary of State

05-08-2003 90161 019 ****61.25

DOCUMENT # 769214

1. Entity Name

THE COUNTRY PLACE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

102 COUNTRY DR
SANFORD FL 32771
US

Mailing Address

PO BOX 4552
P.O. BOX 4552
SANFORD FL 32772-4552
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARK, CHARLES L JR.
108 COUNTRY PLACE
SANFORD FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD
NAME COSBY, MIKE ☒ Delete
STREET ADDRESS 112 COUNTRY PLACE
CITY-ST-ZIP SANFORD FL

TITLE P ☒ Change ☐ Addition
NAME D-ROBERT JOHN BROTT-D
STREET ADDRESS 111 Country Pl. SANFORD
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME PARK, CHARLES L
STREET ADDRESS 108 COUNTRY PLACE
CITY-ST-ZIP SANFORD FL

TITLE V ☒ Change ☐ Addition
NAME D-LYNDA LEE BROTT-D
STREET ADDRESS 111 Country Pl. SANFORD
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME SMITH, ROBERT
STREET ADDRESS 103 COUNTRY PLACE
CITY-ST-ZIP SANFORD FL

TITLE T ☒ Change ☐ Addition
NAME D-RUTH ALICE COSBY-D
STREET ADDRESS 112 Country Pl. SANFORD
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME SCHILKE, SHIRLEY
STREET ADDRESS 107 COUNTRY DR
CITY-ST-ZIP SANFORD FL

TITLE ASST-T ☒ Change ☐ Addition
NAME D-CHARLES L PARK-D
STREET ADDRESS 108 COUNTRY PL. SANFORD
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED *Charles L Park*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

Attachment

55048741
#769214

Send this card to magazines, businesses, friends and family to let them know you've moved.

Please send mail to my new address starting: 6 / 1 / 03
Month Day Year

My Name: COUNTRY PLACE HOMEOWNERS ASSOC.

Old Address:

P.O. Box 4552

STREET OR PO BOX

SANFORD

APT./SUITE #

FI

32772

CITY OR POST OFFICE

STATE

ZIP+4

New Address:

P.O. Box 470895

STREET OR PO BOX

LAKE MONROE

APT./SUITE #

FI

32747

CITY OR POST OFFICE

STATE

ZIP+4

32747



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