FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H57662** **(9)**

1. Corporation Name
COUNTRYSIDE NORTH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8775 20TH ST. #1000 VERO BEACH FL 32966	8775 20TH ST. #1000 VERO BEACH FL 32966

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/20/1985
3a. Date of Last Report: 02/01/1994

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

4. FEI Number: 59-2645513 ☐ 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

NELSON, MAURICE E.
8775 20TH ST
#288
VERO BEACH FL 32966

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 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, MAURICE E	1.2 NAME		
STREET ADDRESS	8775 20TH ST 288	1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BALDWIN, GLENN	2.2 NAME	CRAVEN, LEN	
STREET ADDRESS	8775 20TH ST 570	2.3 STREET ADDRESS	8775 20thSt #365	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	MORTON, ALICE	3.2 NAME		
STREET ADDRESS	8775 20TH STREET 106	3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	SCHULTE, JANE	4.2 NAME	TERBEEK, MARGARET	
STREET ADDRESS	8775 20TH ST 551	4.3 STREET ADDRESS	8775 20th St #222	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BATTANI, BARBARA	5.2 NAME		
STREET ADDRESS	8775 20TH ST 295	5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	KANE, JAMES	6.2 NAME	BALDWIN GLENN	
STREET ADDRESS	8775 20TH STREET #358	6.3 STREET ADDRESS	8775 20thSt #570	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	VERO BEACH FL	

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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice B Morton — APR 12 1995 — 407-569-6382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALICE MORTON — TREASURER

0421069 FP