


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90057 031 ****61.25

DOCUMENT # N04000006887	
1. Entity Name COUNTYLINE PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 635 WEST S. R. 50 CLERMONT, FL 34711	Mailing Address P.O. BOX 115 OAKLAND, FL 34760
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50006395



2. Principal Place of Business 635 W. Highway 50	3. Mailing Address 635 W. Highway 50
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc. Suite C

01172005 Chg-NP CR2E037 (10/03)

City & State Clermont, Florida	City & State Clermont, FL
Zip 34711	Country USA

4. FEI Number 02-0562385	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEBER, RICHARD 635 WEST S.R. 50 CLERMONT, FL 34711		Name Richard Weber	
		Street Address (P.O. Box Number is Not Acceptable) 635 W. Highway 50, Suite C	
		City Clermont	
		FL Zip Code 34711	

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 *Richard W. Weber Jr.* **Richard W. Weber, Jr.** 1/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEBER, RICHARD		NAME	
STREET ADDRESS 635 WEST S.R. 50		STREET ADDRESS	
CITY-ST-ZIP CLERMONT, FL 34711		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAPPLEMAN, LARRY		NAME	
STREET ADDRESS 54 WEST PLANT ST.		STREET ADDRESS	
CITY-ST-ZIP WINTER GARDEN, FL 34787		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VANDERLEY, JON		NAME	
STREET ADDRESS 109 WEST HULL		STREET ADDRESS	
CITY-ST-ZIP OAKLAND, FL 34760		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Richard W. Weber Jr.* **Richard W. Weber, Jr.** 1/18/05 **352-394-5364**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #