SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997

**FILED** AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # N08663 (9) COUNTRY PLACE VILLAS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 310 S. LAKE MARIAM DR. 310 S. LAKE MARIAM DR. WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 3a, Date of Last Report 04/12/1985 02/20/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number 59-2590912 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name MOISA, EDWARD S JR. 82 Street Address (P.O. Box Number is Not Acceptable) 310 S. LAKE MARIAM DR. WINTER HAVEN FL 33884 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algosture required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE NAME MOISA, EDWARD S JR. 12 NAME 310 S. LAKE MARIAM DR. STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP 1.4 CITY-ST-ZIP ■ DELETE Change TITLE 2.1 TITLE STD NAME MOISA, LINDA 2.2 NAME 310 S. LAKÉ MARIAM DR. STREET ADDRESS 2.3 STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE NAME STEWART, ROBERT 3.2 NAME STREET ADDRESS 1803 3RD ST., S.W. 3.3 STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE

Jul 25 1997 8:00am Secretary of State



Applied For

Not Applicable

Addition

Addition

Addition

Addition

\_\_\_ Addition

CITY-ST-ZIP 14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

**5.3 STREET ADDRESS** 

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

CIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE REQUIRED

DELETE

DELETE

7-21-97

941-666-1121

Change

Change