# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:45

DOCUMENT # N09289 (2)

1. Corporation Name
COUNTRY VILLAGE MOBILE HOMEOWNERS ASSOCIATION, I NC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10525 DECENT LANE<br>HUDSON FL 34667-4908<br>US | 10525 DECENT LANE<br>HUDSON FL 34667-4908<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1985
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2905207 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

DAY, KENDALL R.
10525 DECENT LANE
HUDSON FL 34667

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 Kendall R. Day 4/5/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P/D | 1.1 TITLE | P/D | XX Change ☐ Addition |
| NAME | HARPER, LOUIS M. | 1.2 NAME | JOHNSTONE, DOROTHY | |
| STREET ADDRESS | 10528 PROPER DR | 1.3 STREET ADDRESS | 10504 FITTING LANE | |
| CITY-ST-ZIP | HUDSON FL | 1.4 CITY-ST-ZIP | HUDSON FL 34667 | |
| TITLE | V/D | 2.1 TITLE | V/D | ☐ Change XX Addition |
| NAME | JOHNSTONE, DOROTHY | 2.2 NAME | HAYES, JOHN | |
| STREET ADDRESS | 10504 FITTING LANE | 2.3 STREET ADDRESS | 10524 DECENT LANE | |
| CITY-ST-ZIP | HUDSON FL | 2.4 CITY-ST-ZIP | HUDSON FL 34667 | |
| TITLE | STD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DAY, KENDALL | 3.2 NAME | | |
| STREET ADDRESS | 10525 DECENT LANE | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HUDSON FL 34667-4908 | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JOHNSON, HELEN | 4.2 NAME | | |
| STREET ADDRESS | 17425 WALKING DRIVE | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HUDSON FL 34667 | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LOCKWOOD, STANLEY | 5.2 NAME | | |
| STREET ADDRESS | 17433 WALKING DR | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HUDSON FL 34667 | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

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

**SIGNATURE:** Kendall R. Day Kendall R. Day 4/5/95 (813) 868-7374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067848