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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N09289** **(2)**

1. Corporation Name

COUNTRY VILLAGE MOBILE HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
10525 DECENT LANE HUDSON FL 34667-4908 US	10525 DECENT LANE HUDSON FL 34667-4908 US

3. Date Incorporated or Qualified: 05/14/1985

4. FEI Number: 59-2905207 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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 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 Kendall R. Day Kendall R. Day - Secretary/Treasurer/Director April 8, 1998
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JOHNSTONE, DOROTHY		1.2 NAME	Barbour, Howard	
STREET ADDRESS	10504 EILDING LANE		1.3 STREET ADDRESS	10520 Decent Lane	
CITY-ST-ZIP	HUDSON FL		1.4 CITY-ST-ZIP	Hudson, FL 34667	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	LANTZ, NORMAN		2.2 NAME	Lantz, Norman.	
STREET ADDRESS	10508 BECOMING DR.		2.3 STREET ADDRESS	10508 Becoming Dr.	
CITY-ST-ZIP	HUDSON FL		2.4 CITY-ST-ZIP	Hudson FL 34667	
TITLE	STD	☐ DELETE	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		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSON, HELEN		4.2 NAME	Ventrutlla, Josephine	
STREET ADDRESS	17425 WALKING DRIVE		4.3 STREET ADDRESS	10521 Decent Lane	
CITY-ST-ZIP	HUDSON FL		4.4 CITY-ST-ZIP	Hudson, FL 34667	
TITLE	D	☐ DELETE	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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 SIGNATURE REQUIRED Day April 8, 1998 (813)868-7374