FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90199 002 ****61.25

DOCUMENT # N09289

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

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

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARBOUR, HOWARD		1.2 NAME		
STREET ADDRESS	10520 DECENT LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	LANTZ, NORMAN		2.2 NAME	LANTZ, NORMAN	
STREET ADDRESS	10508 BECUMING DR		2.3 STREET ADDRESS	10508 DECOMING DR	
CITY-ST-ZIP	HUDSON FL 34667		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		☐ Change ☐ Addition
NAME	VENTRUELLA, JOSEPHINE		4. 2 NAME		
STREET ADDRESS	10521 DECENT LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		4.4 CITY-ST-ZIP		
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		

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, with all other like empowered.

SIGNATURE: Kendall R. Day SIGNATURE REQUIRED — 4/20/99 — 727-868-7374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)