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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:17

DOCUMENT # N11130 (4)

1. Corporation Name

COUNTRY WALK OF PORT ORANGE HOMEOWNERS ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
P O BOX 291654 PORT ORANGE FL 32129-1654	P O BOX 291654 PORT ORANGE FL 32129-1654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1985
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2619334 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $6.75 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

OSSINSKY, LOUIS JR.
101 CORSAIR DRIVE, SUITE 200
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ 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	11 TITLE		☐ Change ☐ Addition
NAME	GEILEN, ROD	12 NAME		
STREET ADDRESS	3487 COUNTRY WALK DR	13 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL	14 CITY-ST-ZIP		
TITLE	~~VD~~	21 TITLE	VD	☐ Change ☒ Addition
NAME	~~ACAS, IRENE~~	22 NAME	ULRICH, MIKE	
STREET ADDRESS	~~3440 COUNTRY WALK DR~~	23 STREET ADDRESS	3459 SADDLEBACK CT.	
CITY-ST-ZIP	~~PORT ORANGE FL~~	24 CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	DENI, CAROLYN	32 NAME		
STREET ADDRESS	3433 SPRING OAK LANE	33 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL	34 CITY-ST-ZIP		
TITLE	~~TD~~	41 TITLE	D	☐ Change ☒ Addition
NAME	~~PIETRAS, MARY~~	42 NAME	LEWIS, JOHN	
STREET ADDRESS	~~3430 SPRING OAK LANE~~	43 STREET ADDRESS	3442 GELDING COURT	
CITY-ST-ZIP	~~PORT ORANGE FL~~	44 CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	~~D~~	51 TITLE	D	☐ Change ☒ Addition
NAME	~~LAGEMAN, WILLIAM~~	52 NAME	OEHME, BARBARA	
STREET ADDRESS	~~3400 SPRING OAK LANE~~	53 STREET ADDRESS	3463 COUNTRY WALK DR.	
CITY-ST-ZIP	~~PORT ORANGE FL~~	54 CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	D	61 TITLE	TD	☒ Change ☐ Addition
NAME	WELCH, DONALD	62 NAME	WELCH, DONALD	
STREET ADDRESS	3451 COUNTRY WALK DRIVE	63 STREET ADDRESS	3451 COUNTRY WALK DRIVE	
CITY-ST-ZIP	PORT ORANGE FL	64 CITY-ST-ZIP	PORT ORANGE, FL 32119	

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: Donald P. Welch TREASURER 3/20/95 (904) 761-5193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #