FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 09/17/1985
3a. Date of Last Report: 03/29/1995

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

4. FEI Number: 59-2619334 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

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	D	☐ Change ☒ Addition
NAME	GEILEN, ROD		1.2 NAME	TOM CINEFRO	
STREET ADDRESS	3487 COUNTRY WALK DR		1.3 STREET ADDRESS	3457 MARTINGALE CT	
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	VD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	ULRICH, MIKE		2.2 NAME	RANDY HUBER	
STREET ADDRESS	3459 SADDLBACK CT		2.3 STREET ADDRESS	3442 COUNTRY WALK DR	
CITY-ST-ZIP	PORT ORANGE FL		2.4 CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	SD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	DENI, CAROLYN		3.2 NAME		
STREET ADDRESS	3433 SPRING OAK LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	LEWIS, JOHN		4.2 NAME		
STREET ADDRESS	3442 GELDING CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	OEHME, BARBARA		5.2 NAME		
STREET ADDRESS	3463 COUNTRY WALK DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	TD	☒ Change ☐ Addition
NAME	WELCH, DONALD		6.2 NAME		
STREET ADDRESS	3451 COUNTRY WALK DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Peter Welch PETER WELCH 3/18/96 (904) 761-5193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #