FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N11130

(4)

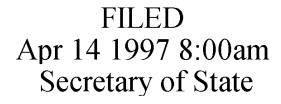
COUNTRY WALK OF PORT ORANGE HOMEOWNERS ASSOCIATI ON, INC.

Principal Place of Business

Mailing Address

P O BOX 291654 PORT ORANGE FL 32129-1654

P O BOX 291654 PORT ORANGE FL 32129-1654





Aut Athanae i	- WILLY 1991		• •			4	
						3. Date Incorporated or Qualified 03/26/1996 3a. Date of Last Report 03/26/1996	
	ace of Business	2a. Mailing Address 26				4. FEI Number Applied For	
21						59-2619334 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required	
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	,			Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip 29	30 Cou	ntry		8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent	
	•		,	81	Name (
OSSINSKY, LOUIS JR. 101 CORSAIR DRIVE, SUITE 200 DAYTONA BEACH FL 32114				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				\perp			
11. Pursuant I	to the provisions of Sections 617.0502 egistered agent, or both, in the State c	and 617.1508, Florida Statute of Florida, Such change was a	es, the ab authorized	ove	-named co	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Fig	orida Slati	ules.			
SIGNATURE _							
	Signature, typed or printed name of registered agent		E: Registered	Арсп	il signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND	DIRECTORS	1.170	ı c	17	D Change Addition	
TITLE	D CINECOO TON	EX DECENE				LAURIE MCCUTCHEN	
NAME	CINEFRO, TOM 3457 MARTINGATE COURT		1.2 NA			3440 GAVESON CT.	
STREET ADDRESS							
CITY-ST-ZIP TITLE	PORT ORANGE FL	DELETE		1.4 CHTY-ST-ZIP 2.1 TITLE		PORT ORANGE, R. 32119 Thance Taddition	
		otten	2.1 (I) 2.2 NA		İ	Strange Assume	
NAME	HUBER, RANDY 3442 COUNTRY WALK DRIVE				LODDICO		
STREET ADDRESS	PORT ORANGE FL			2.3 STREET ADDRESS 2.4 CITY+ST-ZIP			
CITY-ST-ZIP TITLE	PD PD	☐ DELETE	3.1 TII		1 - 202	☐ Change ☐ Addition	
NAME	DENI, CAROLYN	_ OLL IL		2 NAME		Colonida.	
STREET ADDRESS	3433 SPRING OAK LANE				ADDRESS		
	PORT ORANGE FL						
CITY-ST-ZIP TITLE	VD VD	DELETE	3.4. CI 4.1 TII		1 - ZIP	Change Addition	
NAME	LEWIS, JOHN	LJ OLLLIL	1	4.1 THEE 4.2 NAME			
STREET ADDRESS	3442 GELDING CT				ADDRESS		
	PORT ORANGE FL						
CITY-ST-ZIP	SD SD	DELETE	4.4 C() 5.1 T()		· 11P	Change Addition	
	4-2	L Dittit	5.2 NA		}	Conseque Cal Automoti	
NAME	OEHME, BARBARA 3463 COUNTRY WALK DR				ADDDEOD		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE	PORT ORANGE FL	DELETE	5.4 CIT 6.1 71T		- LIP	Change Addition	
1	MEION DONALD	L. J OLLCIL	1		}	Originge Automort	
NAME .	WELCH, DONALD		6.2 NA				
STREET ADDRESS				6.3 STREET ADDRESS 6.4 City-St-Zip			
CITY-ST-ZIP	PORT ORANGE FL	with this filing does not a call	C. Sec. Shee			aled in Section 119.07(3)(i), Florida Statutes. I further certify that the	
informatio	n indicated on this annual report or su	with this filling does not qualifilipplemental annual report is to	rue and a	CCUI	rate and th	that my signature shall have the same legal effect as it made under oath; tha	

appears in Block 12 or Block 13 if charged, or on an attachment with an address.