2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State
07-20-2000 90023 002 ****70.00

DOCUMENT # N11130

1. Entity Name

COUNTRY WALK OF PORT ORANGE HOMEOWNERS ASSOCIATI ✓

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2619334 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OSSINSKY, LOUIS JR. 101 CORSAIR DRIVE, SUITE 200 DAYTONA BEACH FL 32114	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ABDO, TERRY 3470 COUNTRY WALD DR PORT ORANGE FL 32119	☒ Delete	P ROD GEILEN 3487 COUNTRY WALK Dr. PORT ORANGE FL 32119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, FRANK 3438 COUNTRYWALK DR PORT ORANGE FL 32119	☒ Delete	T "CHIP" KENT 3446 GAVESON CT. PORT ORANGE FL 32119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, BARBARA 3438 COUNTRYWALD DR PORT ORANGE FL 32119	☒ Delete	S DON BRUNETTE 3443 COUNTRY WALK Dr. PORT ORANGE FL 32119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYES, FREDRICK 3448 GOLDING CT PORT ORANGE FL 32119	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR DAVIS, FRANK 3445 GOLDING CT PORT ORANGE FL 32119	☒ Delete	D JOE GARRETT 3439 COUNTRY WALK Dr. PORT ORANGE FL 32119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D JIM McQUARRIE 3460 MARTINGALE CT. PORT ORANGE FL 32119	☐ Change ☒ Addition

CR2E037 (5/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] E. Warinner "Chip" Kent III Treasurer 7/17/00 (904) 822-6658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #