

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22425 (5)

1. Corporation Name

COUNTRY RUN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD FL 32779

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LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/10/1987

3a. Date of Last Report
04/05/1994

4. FEI Number
59-2997090

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

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

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HART JR., JAMES W.
SENTRY MANAGEMENT, INC.
2180 W. STATE RD. 434, SUITE 5000
LONGWOOD FL 32779**

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 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

Signature, typed or printed name of registered agent and title if applicable

Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GAUS, DON
STREET ADDRESS	8178 CLOVERGLEN CIRCLE
CITY, ST, ZIP	ORLANDO FL
TITLE	STD
NAME	PEACH, KEN
STREET ADDRESS	8154 CLOVERGLEN CIRCLE
CITY, ST, ZIP	ORLANDO FL
TITLE	VD
NAME	BRADY, JIM
STREET ADDRESS	4827 HAZELGROVE DR.
CITY, ST, ZIP	ORLANDO FL
TITLE	D
NAME	HAUGHTON, CARL
STREET ADDRESS	4530 HAZELGROVE DR.
CITY, ST, ZIP	ORLANDO FL
TITLE	D
NAME	BAYS, LUCKY
STREET ADDRESS	4844 HAZELGROVE DR.
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☒ Addition
22 NAME	SD
23 STREET ADDRESS	CLARK, CLARA
24 CITY, ST, ZIP	8184 CLOVERGLEN CIR
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☒ Change ☒ Addition
42 NAME	TD
43 STREET ADDRESS	WESTBAY, PHILLIP
44 CITY, ST, ZIP	4531 HAZELGROVE DR
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 110.07(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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald J Gaus Donald J Gaus

2-28-95

957-516-27

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number