FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

3/11/96 407-578-1592 Depting those #

1996

Principal Place of Business

DOCUMENT #

N22425

(5)

Mailing Address

COUNTRY RUN HOMEOWNERS ASSOCIATION, INC.

2180 W. STATE ROAD 434. SUITE 5000 LONGWOOD FL 32779		2180 W. STATE ROAD 434. SUITE 5000 LONGWOOD FL 32779								
						3. Date incorporated or Qualified 09/10/1987		e of Las 05/01/	t Report 1 1995	
	ace of Business	2a. Mailing Address	2a. Mailing Address			4- FEI Number		Ť	Applied For	
21		26			59-2997090			Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip	Country	Zip		untry		8. This corporation has liability for			. 199.032,	
24	25	29	30				Yes X			
	9. Name and Address of Current	t Hegistered Agent		81	Name	10. Name and Address of New F	legistered A	gent		
				"'	name					
	HART JR., JAMES W.				82 Street Address (P.O. Box Number is Not Acceptable)					
	MANAGEMENT, INC.			83						
	. STATE RD. 434, SUITE 5000			"						
LUNGW	OOD FL 32779			84	City		FL	85 Z	ip Code	
11. Pursuant t	to the provisions of Sections 617 0502	and 617 1508 Florida Statute	e the sh		mod coroor	ation substitution at atomost for the su		1000100	analate and affice	
or register	to the provisions of Sections 617.0502 ed agent, or both, in the State of Florid	la. Such change was authorize	ed by the	corpor	ation's boar	ation addrnits this statement for the purid of directors. I hereby accept the app	pose of char ointment as r	ıyırıgıtis egistere	registered office d agent. I am	
ramılar wit	th, and accept the obligations of, Section	on 617.0503, Florida Statutes							-	
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registerer	d Agent si	ignature requires	d when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12	
TITLE	PD	XX DELETE	1.1 T	ITLE		PD] Change		
NAME	GAUS, DON		1.2 N	IAME		CLARK, CLARA				
STREET ADDRESS	8178 CLOVERGLEN CIRCLE		1.3 \$	TREET A		8184 CLOVERGLEN CIRC	LE			
CITY-ST-ZIP	ORLANDO FL			ITY-SI-		ORLANDO, FL 32818				
TITLE	SD	₹ ₹DELETE 2.1 TI		ITLE		SD] Change	XX Addition	
NAME	CLARK, CLARA		2.2 N	IAMÉ		ANASIS, CONNIE				
STREET ADDRESS	8184 CLOVERGLEN CIR		2.3 S	TREET AC		4603 HAZELGROVE DRIV	E			
CITY - ST - ZIP	ORLANDO FL		2.40	CITY-ST-	ZIP (ORLANDO, FL 32818				
TITLE	VD	XX DELETE				VD] Change	XX Addition	
NAME	BRADDY, JIM		3.2 N			WESTBAY, PHILLIP				
STREET ADDRESS	4627 HAZELGROVE DR.			TREE1 AD		4531 HAZELGROVE DRIV	${f E}$			
CITY-ST-ZiP	ORLANDO FL	\$70 or err		CITY-S1-	ZIP	ORLANDO, FL 32818		10	3537	
TITLE	TD	XX DELETE	4.1 T			TD ALCHARI	L.] Change	XX Addition	
NAME STREET ADDRESS	WESTBAY, PHILLIP			NAME		BAKER, MICHAEL	T ID			
STREET ADDRESS	4531 HAZELGROVE DR			TREFT AC		8064 CLOVERGLEN CIRC	ĿĽ			
CITY-ST-ZIP TITLE	ORLANDO FL D	XX DELETE	44C 51T	HY-ST-		ORLANDO, FL 32818] Change	arar Addition	
NAME	BAYS, LUCKY	AHOLLCIL	51 N			D ROMAINE, NEIL	L.	1 cuands	Addition	
STREET ADDRESS	4644 HAZELGROVE DR.			TREET AC		4621 HAZELGROVE DRIV	F			
CITY-ST-ZIP	ORLANDO FL			ITY-SI-		ORLANDO, FL 32818	יי			
TITLE	VIIIIVIC	DELETE	54 U		CH:	OKDANDO, FD 32010] Change	Addition	
NAME			6.2 N				L.	, onlange	, nombit	
STREET ADDRESS				TREET AC	ODRESS					
CITY-ST-ZIP			1	174-S1-						
14. I do hereb	y certify that the information supplied w	vith this filing is voluntarily furn	ished and	does r	not qualify fo	or the exemption stated in Section 119	07(3)(k), Flori	da Statu	ites. I further	
certify that oath; that	the information indicated on this annual I am an officer or director of the corpor Block 12 or Block 13 if changed, or or	al report or supplemental anni ation or the receiver or truster	ual report i e empowe	is true	and accura	te and that my signature shall have the	como lonal o	ffact so i	if made under	