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NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

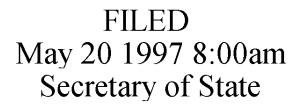
COUNTRY RUN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

2180 W. STATE ROAD 434, SUITE 5000 LONGWOOD FL 32779-5044





2/1/1

									3. Date Incorporated or Qualified 09/10/1987	За. (Date of Last R 05/01/199		
2. Principal P	2. Principal Place of Business			2a. Mailing Address					4. FEI Number	_1	Ar	oplied For	
21			26	26					£0 000₹000 			ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State				City & State					6. Election Campaign Financing \$5.00 May				
Zip		28						Trust Fund Contribution		Added			
24 24	25 29 3					Gountry			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						
HART JR., JAMES W. SENTRY MANAGEMENT, INC. 2180 W. STATE RD. 434, SUITE 5000 LONGWOOD FL 32779						83			ess (P.O. Box Number is Not Acceptat	ole)	05 7:00	Code	
-							City			F	L `	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 .	Signature, lyped	or printed name of registered age	it and lit	tle if applicable	(NOTE: Regis	ered Age	nl signatur	eriuper c	d when reinstating)	DATE			
12.		OFFICERS AND	DIR			3.			ADDITIONS/CHANGES TO OFFICE	DERS AN	VD DIRECTOR	,	
TITLE	PD			XX DELETE	1.	H TITLE		D			Change	Addition XX	
NAME	CLARK,	CLARA			1.	2 NAME		BR	OWDER, CHARLES				
STREET ADDRESS						I D O ITILL I NOUNCOO			07 BEACHDALE CT				
CITY-ST-ZIP	ORLANDO FL					1.9 011 1 31 211			LANDO FL 32818				
TITLE	SD.			XX DELETE	2	TITLE	·	SD			Change	Addition	
NAME	ANASIS, CONNIE						22 NAME EPPERSON, JODI						
STREET ADDRESS	4603 HA		2.	2.8 STREET ADDRESS 80			11 COUNTRY RUN PKWY]			
CITY-ST-ZIP	ORLAND			2			CITY-ST-ZIP ORLANDO FL 32818					l	
TITLE	VD.	<u> </u>		[X]X)ELETE	3	TITLE		VD			Change	X Xddition	
NAME		Y, PHILLIP			3	P NAME		DIZ	ON, JANICE				
STREET ADDRESS	4531 HAZELGROVE DRIVE					B STREET	ADDRESS	460	3 HAZELGROVE DR				
CITY-ST-ZIP	ORLAND				3	.i4. CITY - 9			ANDO FL 32818				
TITLE	TD			DELETE		N TITLE		TD		· .	XX Change	☐ Addition	
NAME		, MICHAEL			4.	2 NAME		BA	ILEY, JEFFERY			j	
STREET ADDRESS		OVERGLEN CIRCLE			4.	.B STREE1	ADDRESS	45	42 HAZELGROVE DR				
CITY-ST-ZIP	ORLAND				4.	4 C(1Y - S)	1 - ZIP	0R	LANDO FL 32818	;			
TITLE	D			DELETE	5.	TITLE		PD			Change	Addition	
NAME	ROMAIN	E. NEIL				P NAME			AINE,NEIL				
STREET ADDRESS		ZELGROVE DRIVE			5.	B STREET	ADDRESS	462	1 HAZELGROVE DR	I			
CITY-ST-ZIP	ORLAND					4 CITY-S			ANDO FL 32818				
TITLE	<u> </u>			☐ DELETE		I TITLE		1	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME					6.	P name							
STREET ADDRESS					6.	.B STREET	ADDRESS						
CITY-ST-ZIP						4 CITY - S			•				
14. I do herek Informatio I am an ol	n indicated : fficer or dire	on this annual report or s	uppler the re	mental annual repor iceiver or⁄trustee em	qualify for the first true and true	he exe od accu lo exec	mption s	that i	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega as required by Chapter 617, Florida S	al effect.	as if made un-	der oath; that	