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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

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

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

3. Date Incorporated or Qualified
09/10/1987

3a. Date of Last Report
05/01/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME CLARK, CLARA
STREET ADDRESS 8184 CLOVERGLEN CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE SD ☒ DELETE
NAME ANASIS, CONNIE
STREET ADDRESS 4603 HAZELGROVE DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE VD ☒ DELETE
NAME WESTBAY, PHILLIP
STREET ADDRESS 4531 HAZELGROVE DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE TD ☐ DELETE
NAME BSAKER, MICHAEL
STREET ADDRESS 8084 CLOVERGLEN CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE
NAME ROMAINE, NEIL
STREET ADDRESS 4621 HAZELGROVE DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME BROWDER, CHARLES
1.3 STREET ADDRESS 7907 BEACHDALE CT
1.4 CITY-ST-ZIP ORLANDO FL 32818

2.1 TITLE SD ☐ Change ☒ Addition
2.2 NAME EPPERSON, JODI
2.3 STREET ADDRESS 8011 COUNTRY RUN PKWY
2.4 CITY-ST-ZIP ORLANDO FL 32818

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME DIZON, JANICE
3.3 STREET ADDRESS 4603 HAZELGROVE DR
3.4 CITY-ST-ZIP ORLANDO FL 32818

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME BAILEY, JEFFERY
4.3 STREET ADDRESS 4542 HAZELGROVE DR
4.4 CITY-ST-ZIP ORLANDO FL 32818

5.1 TITLE PD ☒ Change ☐ Addition
5.2 NAME ROMAINE, NEIL
5.3 STREET ADDRESS 4621 HAZELGROVE DR
5.4 CITY-ST-ZIP ORLANDO FL 32818

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)