


FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 26 1998 8:00am Secretary of State	
DOCUMENT # N22425 1. Corporation Name COUNTRY RUN HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US				Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US		3. Date Incorporated or Qualified 09/10/1987	
2. Principal Place of Business				2a. Mailing Address		4. FEI Number 59-2997090	
21 Suite, Apt. #, etc.				26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State				27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip Country				28 Zip Country		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24				29		30	
8. Name and Address of Current Registered Agent JAMES W. HART, JR. SENTRY MANAGEMENT INC. 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044				10. Name and Address of New Registered Agent			
				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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
12. OFFICERS AND DIRECTORS							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition							
6.2 NAME							
6.3 STREET ADDRESS							
6.4 CITY-ST-ZIP							
14. 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 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.							
SIGNATURE: Neil Romaine 3/4/98 875-1111							

CR2E037 (10/97)