


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23091** (4)
1. Corporation Name
COUNTRYSIDE HEIGHTS HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business P O BOX 2423 APOPKA FL 32704-0423	Mailing Address P O BOX 2423 APOPKA FL 32704-2423
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/19/1987	3a. Date of Last Report 08/29/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2937915	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHRISTMAS, ROBERT 2102 COUNTRYSIDE DRIVE APOPKA FL 32712				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 *Robert Christmas* DATE **4-17-97**
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEHNER, CHARLES BUSEN			1.2 NAME	CHRISTMAS, ROBERT		
STREET ADDRESS	1717 WOODBURY CT., S			1.3 STREET ADDRESS	2102 Countryside Drive		
CITY-ST-ZIP	APOPKA FL			1.4 CITY-ST-ZIP	APOPKA, FL 32712		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GESELL, RICHARD			2.2 NAME	BEALL MARK		
STREET ADDRESS	1786 WOODBURY CT., N			2.3 STREET ADDRESS	1718 ERROL Woods Drive		
CITY-ST-ZIP	APOPKA FL			2.4 CITY-ST-ZIP	APOPKA FL 32712		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STULTZ, JACK			3.2 NAME	JOHN COBURN		
STREET ADDRESS	1757 WOODBURY COURT			3.3 STREET ADDRESS	1764 Nordic Court		
CITY-ST-ZIP	APOPKA FL 32712			3.4 CITY-ST-ZIP	APOPKA FL 32712		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSENLEHNER, CHARLES			4.2 NAME			
STREET ADDRESS	1717 WOODBURY CCOURT			4.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GATELL, DEE			5.2 NAME			
STREET ADDRESS	2107 COUNTRYSIDE DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMOLENSKI, MARK			6.2 NAME			
STREET ADDRESS	1752 COLD SPRINGS COURT			6.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 32712			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.

SIGNATURE *Robert Christmas* DATE **4-17-97**

CR2E037 (9/96)