

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 11 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N23091** (4)  
1. Corporation Name  
**COUNTRYSIDE HEIGHTS HOMEOWNERS' ASSOCIATION, INC**

|                                                                             |                                                                 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br><b>P O BOX 2423<br/>APOPKA FL 32704-9423</b> | Mailing Address<br><b>P O BOX 2423<br/>APOPKA FL 32704-9423</b> |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|

|                                                                                                     |                                                                                          |
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| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                                                                                                         |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date incorporated or Qualified<br><b>10/19/1987</b>                                                                                                                  |                                                        |
| 4. FEI Number<br><b>59-2937915</b>                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |                                                        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                      |                                                        |
| 7. Is this nonprofit corporation a homeowners association?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                       |                                                        |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

|                                                                                                                            |                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>CHRISTMAS, ROBERT<br/>2102 COUNTRYSIDE DRIVE<br/>APOPKA FL 32712</b> | 10. Name and Address of New Registered Agent<br>81 Name <b>Robert Christmas</b><br>82 Street Address (P.O. Box Number is Not Acceptable) <b>2102 COUNTRYSIDE DR</b><br>83<br>84 City <b>Apopka</b> FL 85 Zip Code <b>32712</b> |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 3/3/98

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

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                |
|----------------------------|----------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------|
| TITLE                      | P <input type="checkbox"/> DELETE            | 1.1 TITLE                                             | O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | CHRISTMAS, ROBERT                            | 1.2 NAME                                              | BEALL, MARK                                                                    |
| STREET ADDRESS             | 2102 COUNTRY DRIVE                           | 1.3 STREET ADDRESS                                    | 1718 ERROL WOODS DR                                                            |
| CITY-ST-ZIP                | APOPKA FL 32712                              | 1.4 CITY-ST-ZIP                                       | APOPKA, FL 32712                                                               |
| TITLE                      | D <input type="checkbox"/> DELETE            | 2.1 TITLE                                             | O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | GESELL, RICHARD                              | 2.2 NAME                                              | WALKOVIC, ROXANNE                                                              |
| STREET ADDRESS             | 1786 WOODBURY CT., N                         | 2.3 STREET ADDRESS                                    | 1719 ERROL WOODS DR                                                            |
| CITY-ST-ZIP                | APOPKA FL                                    | 2.4 CITY-ST-ZIP                                       | APOPKA, FL 32712                                                               |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE                                             | O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | STULTZ, JACK                                 | 3.2 NAME                                              | DOUGLAS, VALERIE                                                               |
| STREET ADDRESS             | 1757 WOODBURY COURT                          | 3.3 STREET ADDRESS                                    | 1709 ERROL WOODS DR                                                            |
| CITY-ST-ZIP                | APOPKA FL 32712                              | 3.4 CITY-ST-ZIP                                       | APOPKA, FL 32712                                                               |
| TITLE                      | D <input type="checkbox"/> DELETE            | 4.1 TITLE                                             | O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | BUSENLEHNER, CHARLES                         | 4.2 NAME                                              | SCHWARTZ, MARTY                                                                |
| STREET ADDRESS             | 1717 WOODBURY COURT                          | 4.3 STREET ADDRESS                                    | 1741 COLD SPRINGS CT.                                                          |
| CITY-ST-ZIP                | APOPKA FL 32712                              | 4.4 CITY-ST-ZIP                                       | APOPKA, FL 32712                                                               |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE                                             | O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | GATELL, DEE                                  | 5.2 NAME                                              | IANNUZZI, ROBERT                                                               |
| STREET ADDRESS             | 2107 COUNTRYSIDE DR                          | 5.3 STREET ADDRESS                                    | 1788 ERROL WOODS CT                                                            |
| CITY-ST-ZIP                | APOPKA FL 32712                              | 5.4 CITY-ST-ZIP                                       | APOPKA, FL 32712                                                               |
| TITLE                      | D <input type="checkbox"/> DELETE            | 6.1 TITLE                                             | O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | SMOLENSKI, MARK                              | 6.2 NAME                                              | MCDONNELL, KERRY                                                               |
| STREET ADDRESS             | 1752 COLD SPRINGS COURT                      | 6.3 STREET ADDRESS                                    | 1746 WOODBURY CT                                                               |
| CITY-ST-ZIP                | APOPKA FL 32712                              | 6.4 CITY-ST-ZIP                                       | APOPKA, FL 32712                                                               |

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:

Robert Christmas

MARCH 3, 1998 (107)  
884-6632

CF2E037 (10/97)