## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jilliam MS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Mar 17, 2005 08:00 AM Secretary of State DOCUMENT # N23091 1. Entity Name COUNTRYSIDE HEIGHTS HOMEOWNERS' ASSOCIATION, Principal Place of Business Mailing Address P O BOX 677307 ORLANDO FL 32867-7307 P O BOX 677307 ORLANDO FL 32867-7307 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2937915 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRASCA, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 4962 N PALM AVENUE C/O PREFERRED COMMUNITY MANAGEMENT WINTER PARK FL 32792-9111 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fills if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VD Change ☐ Addition Delete TITLE TITLE TELFORD, WILLIAM NAME 1774 NORDIC COURT STREET ADDRESS STREET ADDRESS APOPKA FL 32712 CITY-ST-ZIP CHY-SI-ZIP Change Addition Delete TITLE TITLE U00000265937 03/17/05-80010-007 61.25 MCDONNELL, KERRY NAME NAME 1746 WOODBURY COURT STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete SPIEGEL, WILLIAM JR NAME 2150 COUNTRYSIDE DRIVE STREET ADDRESS STREET ADDRESS APOPKA FL 32712 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST-ZIP Change Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CITY - ST - ZIP Delete ☐ Change ☐ Addition TITLE 7171.8 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

William

FILED