

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jul 02 1998 8:00am**  
**Secretary of State**

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

**DOCUMENT # N41044 (1)**  
 1. Corporation Name  
**COUNTRYSIDE ACRES OWNERS ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>9551 BAY MEADOWS RD.<br/>SUITE 4<br/>JACKSONVILLE FL 32256</b> | Mailing Address<br><b>9551 BAY MEADOWS RD.<br/>SUITE 4<br/>JACKSONVILLE FL 32256</b> |
|--|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>11/26/1990</b>  |  |
| 4. FEI Number<br><b>59-3062367</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 |  |

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21 P.O. BOX 204</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br><b>26 P.O. BOX 204</b><br>Suite, Apt. #, etc. |
| 22 City & State<br><b>23 BRYCEVILLE, FL</b>                                     | 27 City & State<br><b>28 BRYCEVILLE, FL</b>                          |
| 24 Zip <b>32009</b>   | 29 Zip <b>32009</b>  |

9. Name and Address of Current Registered Agent  
**WALLACE, L DENISE**  
**9551 BAYMEADOWS RD #4**  
**JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent  
**81 Name Betty Brown**  
**82 Street Address (P.O. Box Number is Not Acceptable) 3048 Old Wire Pl**  
**84 City Bryceville FL 85 Zip Code 32009**

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 Betty Brown **Betty Brown - Secretary** **4-30-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    |  |
|--|--|--|--|
| TITLE<br><b>PD</b>                             | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br><b>President D</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>WALLACE, L DENISE</b>               |  | 1.2 NAME<br><b>Shirley Mason</b>                         |  |
| STREET ADDRESS<br><b>9551 BAYMEADOWS RD #4</b> |  | 1.3 STREET ADDRESS<br><b>PO Box 204 3099 Pinewind Dr</b> |  |
| CITY-ST-ZIP<br><b>JACKSONVILLE FL</b>          |  | 1.4 CITY-ST-ZIP<br><b>Bryceville, FL 32009</b>           |  |
| TITLE<br><b>TVD</b>                            | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br><b>Treasure D</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>FREDENHAGEN, SHARON W</b>           |  | 2.2 NAME<br><b>Joe McClean</b>                           |  |
| STREET ADDRESS<br><b>9551 BAYMEADOWS RD #4</b> |  | 2.3 STREET ADDRESS<br><b>PO Box 204 3105 Pinewind Dr</b> |  |
| CITY-ST-ZIP<br><b>JACKSONVILLE FL</b>          |  | 2.4 CITY-ST-ZIP<br><b>Bryceville, FL 32009</b>           |  |
| TITLE<br><b>SD</b>                             | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE<br><b>Secretary D</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>WALKER, BARBARA S</b>               |  | 3.2 NAME<br><b>Betty Brown</b>                           |  |
| STREET ADDRESS<br><b>9551 BAYMEADOWS RD #4</b> |  | 3.3 STREET ADDRESS<br><b>PO Box 204 3048 Old Wire Pl</b> |  |
| CITY-ST-ZIP<br><b>JACKSONVILLE FL</b>          |  | 3.4 CITY-ST-ZIP<br><b>Bryceville, FL 32009</b>           |  |
| TITLE  | <input type="checkbox"/> DELETE            | 4.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |  | 4.2 NAME   |  |
| STREET ADDRESS                                 |  | 4.3 STREET ADDRESS                                       |  |
| CITY-ST-ZIP                                    |  | 4.4 CITY-ST-ZIP  |  |
| TITLE  | <input type="checkbox"/> DELETE            | 5.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |  | 5.2 NAME   |  |
| STREET ADDRESS                                 |  | 5.3 STREET ADDRESS                                       |  |
| CITY-ST-ZIP                                    |  | 5.4 CITY-ST-ZIP  |  |
| TITLE  | <input type="checkbox"/> DELETE            | 6.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |  | 6.2 NAME   |  |
| STREET ADDRESS                                 |  | 6.3 STREET ADDRESS                                       |  |
| CITY-ST-ZIP                                    |  | 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: Betty Brown **Betty Brown Secretary 4-30-98**

CR2E037 (10/97)