

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N41044 (1)
 1. Corporation Name
COUNTRYSIDE ACRES OWNERS ASSOCIATION, INC.



Principal Place of Business 9551 BAY MEADOWS RD. SUITE 4 JACKSONVILLE FL 32256	Mailing Address 9551 BAY MEADOWS RD. SUITE 4 JACKSONVILLE FL 32256
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3. Date Incorporated or Qualified 11/26/1990		
4. FEI Number 59-3062367	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <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 21 P.O. BOX 204 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 204 Suite, Apt. #, etc.
22 City & State 23 BRYCEVILLE, FL	27 City & State 28 BRYCEVILLE, FL
24 Zip 32009	29 Zip 32009

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 PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WALLACE, L DENISE		1.2 NAME Shirley Mason	
STREET ADDRESS 9551 BAYMEADOWS RD #4		1.3 STREET ADDRESS PO Box 204 3099 Pinewind Dr	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP Bryceville, FL 32009	
TITLE TVD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Treasure D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FREDENHAGEN, SHARON W		2.2 NAME Joe McClean	
STREET ADDRESS 9551 BAYMEADOWS RD #4		2.3 STREET ADDRESS PO Box 204 3105 Pinewind Dr	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP Bryceville, FL 32009	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Secretary D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WALKER, BARBARA S		3.2 NAME Betty Brown	
STREET ADDRESS 9551 BAYMEADOWS RD #4		3.3 STREET ADDRESS PO Box 204 3048 Old Wire Pl	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP Bryceville, FL 32009	
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)