


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90003 045 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

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

\* 615794-90003-45

Principal Place of Business Mailing Address  
 P O BOX 204 P O BOX 204  
 BRYCEVILLE FL 32009 BRYCEVILLE FL 32009  
 US US



|                                |     |                     |         |   |    |
|--------------------------------|-----|---------------------|---------|---|----|
| 2. Principal Place of Business |     | 2a. Mailing Address |         | 3. Date Incorporated or Qualified   |    |
| 21                             |     | 26                  |         | 11/26/1990  |    |
| Suite, Apt. #, etc.            |     | Suite, Apt. #, etc. |         | 4. FEI Number   |    |
| 22                             |     | 27                  |         | 59-3062367  |    |
| City & State                   |     | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |    |
| 23                             |     | 28                  |         | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |    |
| 24                             | Zip | 25                  | Country | 29  | 30 |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent        |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| BETTY BROWN<br>3048 OLD WIRE PL<br>BRYCEVILLE FL 32009 |  |  |  | 81   | Name   |    |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | 83   |  |    |    |
|  |  |  |  | 84   | City   | FL | 85 |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SHIRLEY MASON                      | 1.2 NAME  |   |
| STREET ADDRESS             | 3099 PINEWIND DR                   | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BRYCEVILLE FL 32009                | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOE MCCLEAN                        | 2.2 NAME  |   |
| STREET ADDRESS             | 3105 PINEWIND DR                   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BRYCEVILLE FL 32009                | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BETTY BROWN                        | 3.2 NAME  |   |
| STREET ADDRESS             | 3048 OLD WIRE PL                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BRYCEVILLE FL 32009                | 3.4 CITY-ST-ZIP                                       |   |
| 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, with all other like empowered.

SIGNATURE: BETTY BROWN 9-8-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)