1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

COUNTRYSIDE ACRES OWNERS ASSOCIATION, INC.

Principal Place of Business P O BOX 204

Mailing Address

BRYCEVILLE FL 32009

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

P O BOX 204 BRYCEVILLE FL 32009

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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

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

615794 - 90003 - 45

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

11/26/1990

59-3062367

4. FEI Number



Zip	Country	Zip	Coul	intry		6. Election Campaign Financing	<b>\$5.00</b> May Be	
24	25	29	30			Trust Fund Contribution Added to Fee:		Fees
	9. Name and Address of Current	Registered Agent	10. Name and Address of New Registered Agent					
					Name			
BETTY BROWN				82	Street Address (P.O. Box Number is Not Acceptable)			
3048 OLD WIRE PL				83				
BRYCEVILLE FL 32009					City 85 Zip Code			
}				84	City		FL	
	to the provisions of Sections 617.0502 registered agent, or both, in the State of familiar with, and accept the obligations.					ration submits this statement for the purpor's board of directors. I hereby accept the	ose of changing its appointment as reg	registered pistered
SIGNATURE		and title if annimable	(NOTE: Registered	Agent	signature required	when reinstating)	ATE	<del></del>
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	PD	DELE1	TE 1.1 TIT	LE.			☐ Change	☐ Addition
	SHIRLEY MASON	1.		1.2 NAME				
NAME	3099 PINEWIND DR		1.3 ST	1.3 STREET ADDRESS				ľ
STREET ADDRESS	BRYCEVILLE FL 32009		1.4 CII	TV.ST	.7IP			
CITY-ST-ZIP	TD			2.1 TITLE		<u> </u>	☐ Change	Addition
ĺ	JOE MCCLEAN	_	2.2 NA	ME				ļ
NAME	OACE DIMENSIAID DD				ADDRESS			
STREET ADDRESS				TY-S	·			
_CITY-ST-ZIP	SD SD	DELETE					Change	☐ Addition
TILE	BETTY BROWN	<del>-</del> .						
NAME					ADDRESS			
STREET ADDRESS	BRYCEVILLE FL 32009							,
CITY-ST-ZIP TITLE	BRICEVILLE PE 32009	DELETE		3.4. CITY-ST-ZIP 4.1 TITLE		<u> </u>	☐ Change	☐ Addition
	ļ	<b>_</b>	4.2 N					
NAME					ADDRESS			•
STREET ADDRESS			4.4 CF					
CITY-ST-ZIP		□ DELE			1-21F		☐ Change	Addition
TITLE		_ 0	5.2 NA					ţ
NAME	}		5.3 ST	REET	ADDRESS			
STREET ADDRESS			5.4 CI					
CITY-ST-ZIP		□ DELE				<u>.                                    </u>	☐ Change	Addition
TITLE		_ Dete	6.2 N	ME				
NAME			1		ADDRESS			
STREET ADDRESS			6.4 CF					
CITY-ST-ZIP	1		6.4 CI	11-51	-45			

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:

Applied For

\$8.75 Additional

Fee Required

Not Applicable