FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:05

DOCUMENT # N44757 (5)

1. Corporation Name
COUNTRYSIDE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7065 SPANISH MOSS LANE BROOKSVILLE FL 34601-6825	7065 SPANISH MOSS LANE BROOKSVILLE FL 34601-6825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1991
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-3082923 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Hernando County
22 Suite, Apt. #, etc.
23 City & State: SAME
24 Zip
25 Country

2a. Mailing Address
20 Same
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

RUSSELL, REX L.
7065 SPANISH MOSS LANE
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code: 34601

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Rex L. Russell — REX L. Russell — 1/18/95
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	P	1.1 TITLE	President ☒ Change ☐ Addition
NAME	MULKINS, GEORGE	1.2 NAME	Devanna, Leonard
STREET ADDRESS	7095 SPANISH MOSS LANE	1.3 STREET ADDRESS	7093 Pine Needle Lane
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	Brooksville, Fl 34601
TITLE	V	2.1 TITLE	Vice-President ☒ Change ☐ Addition
NAME	PEIPHO, LES	2.2 NAME	John Adams
STREET ADDRESS	7083 SPANIS MOSS LN	2.3 STREET ADDRESS	7111 Pine Needle Lane
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	Director ☒
NAME	RUSSELL, BEVERLY P	3.2 NAME	George KITZ
STREET ADDRESS	7065 SPANISH MOSS LANE	3.3 STREET ADDRESS	7033 Pine Needle Lane
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	Brooksville FL 34601
TITLE	T	4.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	KOTOWICZ, CHESTER	4.2 NAME	Johnny Beeler
STREET ADDRESS	7089 SPANISH MOSS LN	4.3 STREET ADDRESS	7112 Pine Needle Lane
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	Brooksville, Fl 34601
TITLE	D	5.1 TITLE	Director ☒ Change ☐ Addition
NAME	ADAMS, PATRICIA	5.2 NAME	Rose Watkins
STREET ADDRESS	7111 PINE NEEDLE LANE	5.3 STREET ADDRESS	7041 Spanish Moss Lane
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	D	6.1 TITLE	Director ☒ Change ☐ Addition
NAME	LOVE, WALTER	6.2 NAME	Audrey Curry
STREET ADDRESS	7015 PINE NEEDLE LANE	6.3 STREET ADDRESS	7070 Pine Needle Lane
CITY-ST-ZIP	BROOKSVILLE FL	6.4 CITY-ST-ZIP	Brooksville, FL 34601

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Leonard R Devanna — 1/18/95 — 904-754-8654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005718