FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1998	Secreta DIVISION OF	ary of State CORPORAT	IONS	Secretary	y of S	tate
	MENT # N4475	7 (5)					
COUN	TRYSIDE ESTATES HOMEO	OWNERS ASSOCIATION	N, INC.		1 10011101 011 24011 01411 12001 6 1111 1801 61		
Principal Place of Business Malling Address						\$11 E.G.1. \$1\$11 91911 9	1217 57411 1441
7085 SPANISH MOSS LANE 7085 SPANISH MOSS LAN BROOKSVILLE FL 34801-8825 BROOKSVILLE FL 34801-81					3. Date incorporated or Qualified 08/20/1991		
					4. FEI Number		pplied For
2. Principal P	lace of Business	2a. Mailing Address		<u>.</u>	59-3082923		ot Applicable Additional
21 28					5. Certificate of Status Desired		equired
Suite, Apt.	Suite, Apt. #, etc.	pt. #, etc.		6. Election Campaign Financing	\$5.00		
22 27					Trust Fund Contribution	Added to	
City & State	9	City & State			7. Is this nonprofit corporation a homeo		n?
Zip	Country	Zip	Count	<u>у</u>	8. This corporation owes or has paid the		langible
24	25 29		30		Personal Property Tax due June 30.	Yes [] No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent	
			6	Name			
SMITH, FRED R				Street Add	ress (P.O. Box Number is Not Acceptable)	-	
7042 SPANISH MOSS LN BROOKSVILLE FL 34801				3			
BRUUN	34ITE LT 3400.1		Ľ				
			84	City	1	FL 85 Zip	Code
11. Pursuant 1	to the provisions of Sections 617,050	2 and 617.1508, Florida Statut	les, the abo	ve-named corp			ts registered
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a ations of, Section 617.0503, Fl	authorized t orida Statuti	by the corpora es.	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	appointment as	registered
SIGNATURE							
12.	Signature, typed or printed name of registered age OFFICERS AN		E: Registered A	gent signature requi	Ired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	25 INI 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONATION PARAMETERS TO GETTOLING	Change	☐ Addition
NAME			1.2 NAME	ſ		_ •	
STREET ADDRESS	7089 SPANISH MOSS LANE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-ST-ZIP				
TITLE	VP	☐ D€LETE	2.1 TITLE			Change	☐ Addition
NAME	MISEHON, PHYLLIS		2.2 NAME				
STREET ADDRESS	7077 SPANISH MOSS LANE			T ADDRESS			
CITY-ST-ZIP TITLE	BROOKSVILLE FL.	DELETE	2.4 CITY 3.1 TITLE			Change	Addition
NAME	ALLEN, CALVIN		3.2 NAME				
STREET ADDRESS	7063 PINE NEEDLE LANE		1	T ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL		3.4. CITY	-ST-ZIP			
TITLE	1	DELETE	4.1 TITLE			Change	☐ Addition
NAME	SCIAVONE, RACHEL		4.2 NAM	■			
STREET ADDRESS	7108 SPANISH MOSS LANE		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL	DELETE	4.4 CITY-	ST-ZIP		☐ Change	Addition
TITLE	D KOTOMOZ CHESTED	C) OFFERE	5.1 TITLE			L Change	L Addition
NAME STREET ADDRESS	KOTOWICZ, CHESTER 7126 SPANISH MOSS LANE		5.2 NAME	T ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL		5.4 CITY-				
TITLE	D	DELETE	6.1 TITLE			Change	☐ Addition
NAME	EATON, DOROTHY		6.2 NAME				
STREET ADDRESS	7051 PINE NEEDLE LANE		6.3 STREE	T ADDRESS			
CITY-ST-ZIP	Brooksville fl		6.4 CITY-	ST-ZIP	ı		

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 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.

CICNATUDE.

10 V VIBRILLE COLLIER D

2/4/90

FILED

Mar 10 1998 8:00am