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Apr 03 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 # **N93000001135 (3)**

1. Corporation Name

COUNTRY BREEZE ESTATES OWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
4232 EDGE PERRY RD. CRESTVIEW FL 32539	P O BOX 1958 CRESTVIEW FL 32536

3. Date Incorporated or Qualified

03/01/1993

4. FEI Number

59-3237999

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDGE, CARLTON
4232 EDGE-PERRY ROAD
CRESTVIEW FL 32539**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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	PTSD	<input type="checkbox"/> DELETE
NAME	EDGE, CARLTON	
STREET ADDRESS	4232 EDGE PERRY RD.	
CITY-ST-ZIP	CRESTVIEW FL 32539	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	EDGE, CARLTON	
STREET ADDRESS	4232 EDGE PERRY RD.	
CITY-ST-ZIP	CRESTVIEW FL 32539	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHIPE, DONNA EDGE	
STREET ADDRESS	610 VERMONT ST.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BIRD, REGINA CURRY	
STREET ADDRESS	3308 DINNING DR.	
CITY-ST-ZIP	PAE FL 32571	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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:

CARLTON EDGE

3-28-98 850-682-6679

CR2E037 (10/97)