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NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 03 1998 8:00am

Secretary of State

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3-28-98 850-682-6679

Sendra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001135 (3)

COUNTRY BREEZE ESTATES OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address								I redbien fin inne fitti bairt geit datit gant da	.01 11991 1189	10 INCHI END CODI	
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		Applied For	
								59-3237999		Not Applicable	
2. Principal Pl		ess	26					5. Certificate of Status Desired		Additional Required	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State				City & State				7. Is this nonprofit corporation a homeowners association?			
23			26					Yes □ No			
Zip	- ` - '		— —	—		intry	i of this corporation of the paid the co				
24 25 25 26 26 27 28 28 28 28 28 28 28 28 28 28 28 28 28			29					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	y, name	and Address of Co	ment wedister	eo Agent		81	Name	10. Name and Address of New Registered A	Gent		
EDGE, CARLTON											
4232 EDGE-PERRY ROAD						82	Street Addre	ess (P.O. Box Number is Not Acceptable)		į	
CRESTVIEW FL 32539						83					
						84	City	FI	85 Zip	p Code	
11. Pursuant t	to the provisi	ons of Sections 617	0502 and 617	.1508. Florida Statu	utes, the a	baye	e-named corpo		changing	its registered	
office or re	egistered ag	ent, or both, in the S	State of Florida.	Such change was	authorize	d by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	ointment a	is registered	
	ili laliwiai wi	in, and accept the c	bilgations of, o	,600,011 0 17.0000, 1	iona otal	10100	.				
SIGNATURE .	Signature, typed	or printed name of registers	ed agent and title if a	pplicable. (NC	OTE: Registere	d Age	ant signature require	ed when reinstating) DATE			
12.		OFFICERS	S AND DIRECTO		13.		 	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PTSD	A 4		☐ DELETE	1.1 TO		j		Change	Addition	
NAME	1000 5005 55004 50			1.2 NAME							
STREET ADDRESS 4232 EDGE PERRY RD. CITY-ST-ZIP CRESTVIEW FL 32539							ADDRESS				
CITY-ST-ZIP	VP	ICW PL 32339		DELETE	1.4 CI 2.1 Ti	_	ST-ZIP		Change	Addition	
NAME		'ADI TOM		_ been	2.1 N				Onango	- Madition	
STREET ADDRESS	1000 5005 55004 50						ADDRESS				
CITY-ST-ZIP		/IEW FL 32539					ST-ZIP				
TITLE	D			☐ DELETE	3.1 Ti		91-211		Change	Addition	
NAME	SHIPE. I	DONNA EDGE			3.2 N	AME					
STREET ADDRESS		RMONT ST.			3.3 S1	REET	ADDRESS				
CITY-ST-ZIP	FT. WAL	TON BEACH FL	32548		3.4. C	ITY-S	ST-ZIP	·			
TITLE	D			DELETE	4.1 TI	TLE			Change	Addition	
NAME	BIRD, RI	Egina Curry			4. 2 N	AME					
STREET ADDRESS	3308 DI	nning dr.			4.3 ST	REET	ADDRESS				
CITY - ST - ZIP	PAE FL	32571			4.4 Cf	TY-S	T-ZIP				
TITLE	_	-		DELETE.	5,1 TI	TLE		_	Change	Addition	
NAME					5.2 N/	AME					
STREET ADDRESS					5.3 ST	REET	ADDRESS			1	
CITY-ST-ZIP			 	· · · · · · · · · · · · · · · · · · ·	5.4 CI	TY-S	T-ZIP				
TITLE				DELETE	6.1 TIT	TLE	Ţ		☐ Change	☐ Addition	
NAME					6.2 NA	ME	ļ				
STREET ADDRESS	;				6.3 ST	REET	ADDRESS			ļ	

14. Thereby 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.