


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001704 (4)**

1. Corporation Name

**COUNTRY CHASE COMMUNITY ASSOCIATION II, INC.**

Principal Place of Business

Mailing Address

**150 OXFORD ROAD  
SUITE 140  
FERN PARK FL 32730**

**P.O. BOX 300789  
FERN PARK FL 32730-0789**



2. Principal Place of Business

2a. Mailing Address

**21 238 N. Westmonte Drive  
Suite, Apt. #, etc.  
22 suite 105**

**26 P.O. BOX 161606**

Suite, Apt. #, etc.

**23 City & State  
Altamonte Springs, FL**

**28 City & State  
Altamonte Springs, FL**

**24 Zip  
32714**

**25 Country  
Seminole**

**29 Zip  
32716-1606**

**30 Country  
Seminole**

3. Date Incorporated or Qualified  
**04/11/1995**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**59-3327493**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHUTTS, ROBERT T  
150 OXFORD ROAD  
140  
FERN PARK FL 32730**

81 Name **Margo A. Pfauser**

82 Street Address (P.O. Box Number is Not Acceptable)  
**238 N. Westmonte Drive**

83 Suite 105

84 City **Altamonte Springs, FL** 85 Zip Code **32714**

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 **DP** ☒ DELETE  
NAME **SHUTTS, ROBERT T**  
STREET ADDRESS **150 OXFORD ROAD**  
CITY-ST-ZIP **FERN PARK FL 32730-0789**

1.1 TITLE **DP** ☐ Change ☒ Addition  
1.2 NAME **Rafael Mendez**  
1.3 STREET ADDRESS **7315 Penfield Ct.**  
1.4 CITY-ST-ZIP **Orlando, FL. 32818**

TITLE **DV** ☒ DELETE  
NAME **ROBINSON, JOSEPH D IV**  
STREET ADDRESS **150 OXFORD ROAD**  
CITY-ST-ZIP **FERN PARK FL 32730-0789**

2.1 TITLE **DVP** ☐ Change ☒ Addition  
2.2 NAME **Lee Morgan**  
2.3 STREET ADDRESS **7309 Penfield Ct.**  
2.4 CITY-ST-ZIP **Orlando, FL. 32818**

TITLE **DST** ☒ DELETE  
NAME **D'AMICO, MARTHA**  
STREET ADDRESS **150 OXFORD ROAD**  
CITY-ST-ZIP **FERN PARK FL 32730-0789**

3.1 TITLE **DST** ☐ Change ☒ Addition  
3.2 NAME **Deborah Rivera**  
3.3 STREET ADDRESS **1737 Tillstream Dr.**  
3.4 CITY-ST-ZIP **Orlando, FL. 32818**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE **DT** ☐ Change ☒ Addition  
4.2 NAME **Andrew Frye**  
4.3 STREET ADDRESS **7322 Penfield Ct.**  
4.4 CITY-ST-ZIP **Orlando, FL. 32818**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **Robert T. Shutts**  
5.3 STREET ADDRESS **150 Oxford Rd.**  
5.4 CITY-ST-ZIP **Fern Park, FL. 32730-0789**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013770

CR2E037 (9/96)