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Apr 16 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 # **N95000001704 (4)**

1. Corporation Name

COUNTRY CHASE COMMUNITY ASSOCIATION II, INC.



Principal Place of Business 238 N WESTMONTE DR SUITE 105 ALTAMONTE SPRINGS FL 32714 US	Mailing Address PO BOX 161606 ALTAMONTE SPRINGS FL 32716-1606 US
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3. Date Incorporated or Qualified
04/11/1995

4. FEI Number
59-3327493

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 260 22 City & State 23 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 29 Zip 30 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PFAUSER, MARGO A
238 N WESTMONTE DR
SUITE 105
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **Suite 260**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MENDEZ, RAFAEL 7315 PENFIELD CT ORLANDO FL	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	DT
STREET ADDRESS		1.3 STREET ADDRESS	Ruffin, Quincy
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Orlando, Fl. 32818
TITLE	DVP MORGAN, LEE 7309 PENFIELD CT ORLANDO FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DST RIVERA, DEBORAH 1737 TILLSTREAM DR ORLANDO FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DS
STREET ADDRESS		3.3 STREET ADDRESS	Steven Kilmer
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1773 Tillstream Dr.
TITLE	DT FRYE, ANDREW 7322 PENFIELD CT ORLANDO FL	4.1 TITLE	Orlando, Fl. 32828
NAME		4.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SHUTTS, ROBERT T 150 OXFORD ROAD FERN PARK FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, upon an attachment with an address.

SIGNATURE: Andrew D. Frye

CR2E037 (10/97)