NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9500001704

1. Corporation Name

COUNTRY CHASE COMMUNITY ASSOCIATION II, INC.

Principal Place of Business
238 N WESTMONTE DR
SUITE 260
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

Suite, Apt. #, etc. Suite 210

7523 Aloma Avenue

Mailing Address

2a. Mailing Address

27

P. O. Box Suite, Apt. #, etc.

PO BOX 161606 ALTAMONTE SPRINGS FL 32716-1606

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90162 028 \*\*\*\*61.25 08-03-1999 90009 038 \*\*\*\*61.25



Applied For

Not Applicable

3. Date Incorporated or Qualifed 04/11/1995

4. FEI Number-59-3327493

	5. Certifcate of Status Desired Fee Required
Winter Park, FL 28 Orlando, Fl 32867	
Zip Country Zip 32867 Country Zip 32867 Sign US	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Nam	
J.	oseph Frasca
	et Address (P.O. Box Number is Not Acceptable)
200 11 1120 1110 1112 011	523 Aloma Avenue
SUITE 260	uite 210
ALTAMONTE SPRINGS FL 32714 84 City	85 Zip Code
	inter Park FL   32792
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 adcept the obligations of, Section 617.0503, Florida Statutes.	
Togenh Fraggs 7/20/00	
SIGNATURE Signature, pool or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)	
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DI DELETE 1.1 TITLE	PD Addition
NAME RUFFIN, QUINCY 12 NAME	Ruffin, Quincy
The state of the s	1819 Greystone Tr
1 ODLANDO EL 00040	Orlando, Fl 32818
TITLE DVP ST DELETE 2.1 TITLE	Change Addition
NAME   MORGAN, LEE 22 NAME	
TARREST D. O.T.	22
ODI ANDO FI	
TITLE DS 2.4 CITY-ST-ZIP  2.4 CITY-ST-ZIP  2.4 CITY-ST-ZIP  3.1 TITLE  3.1 TITLE	☐ Change ☐ Addition
LOUIS OFFICE	
ATTO THE OTDERS ADDRES	
COLANDO EL GORGO	330
CITY-ST-ZIP ORLANDO FL 32828 34.CITY-ST-ZIP TITLE DP	STD Change Addition
	Frye, Andrew
THE PROPERTY OF THE PROPERTY O	7220 7. 61 7.7 -1
STREET ADDRESS 7322 PENFIELD CT 4.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl
	<del></del>
Shorts, Robert 1	Linda Walker
STREET ADDRESS 130 OAI OND HOAD	1/3  Tilistream Dr
CITY-SI-2F ( LETT TAIN )	Orlando, Fl 32818
(IIII	☐ Change ☐ Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	33
CITY-ST-ZIP 6.4 CITY-ST-ZIP  1.4 Liberphy certify that the information supplied with this filing does not qualify for the exemption state.	ted in Continue 440 07/2VI). Florida Statutos I further cortifu that the information

i. 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 courage 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, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PUNTER NAME OF SIGNANG OFFICER OR DIRECTOR

RUFFIN

7/28/99

407) 292 6315

Daytime Phone #

R2F037 (5/99)