

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90202 044 ****61.25

DOCUMENT # N95000001704

1. Entity Name

COUNTRY CHASE COMMUNITY ASSOCIATION II, INC.

Principal Place of Business

Mailing Address

**7523 ALOMA AVE
 SUITE 210
 WINTER PARK FL 32792
 US**

**PO BOX 677307
 ORLANDO FL 32867
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WINTER PARK, FL

City & State

4. FEI Number

59-3327493

Applied For

Not Applicable

Zip
32792

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRASCA, JOSEPH
 7523 ALOMA AVE
 SUITE 210
 WINTER PARK FL 32792**

Name **JOSEPH FRASCA**

Street Address (P.O. Box Number is Not Acceptable)
90 PREFERRED COMMUNITY MANAGEMENT

4962 N. PALM AVENUE

City **WINTER PARK**

FL

Zip Code
32792

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **RUFFIN, QUINCY**
 STREET ADDRESS **1819 GREYSTONE TR**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **POWELL, JAMES**
 STREET ADDRESS **1730 TILLSTREAM DR**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **MORGAN, MONTE**
 STREET ADDRESS **7309 PENFIELD CT**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **PD** ☒ Change ☐ Addition
 NAME **MONTE MORGAN**
 STREET ADDRESS **7309 PENFIELD CT**
 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
 NAME **LINDA F. WALKER**
 STREET ADDRESS **1731 TILLSTREAM DR**
 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Change ☒ Addition
 NAME **CYNTHIA STRINGFIELD**
 STREET ADDRESS **1736 TILLSTREAM DR**
 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MONTE MORGAN

1/23/02

Date

Daytime Phone #

CR2E037(9/01)