


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90011 002 ****61.25

DOCUMENT # N97000001504	
1. Entity Name COUNTRY CLASS MEADOWS HOME OWNERS ASSOCIATION, INC.	

Principal Place of Business 1395 COUNTRY OAKS LANE LAKELAND, FL 33810	Mailing Address 1395 COUNTRY OAKS LANE LAKELAND, FL 33810
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2. Principal Place of Business 1395 Country Oaks Lane	3. Mailing Address (same)
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKELAND	City & State Lakeland, FL
Zip FL	Country USA
Country USA	Zip 33810



01262004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent STEWART, CAROLYN A 1395 COUNTRY OAKS LANE LAKELAND, FL 33810	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, DON H 1395 COUNTRY OAKS LANE LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, MAURICIO 1140 COUNTRY OAKS LANE LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAMBLESS, DEBBIE 1255 COUNTRY OAKS LANE LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S METTLING, APRIL 1205 COUNTRY OAKS LANE LAKELAND, FL 33810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 information.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-04 863-688-0147
Date Daytime Phone #

attachment

#N97000001504



44007249

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 26, 2004

COUNTRY CLASS MEADOWS HOME OWNERS ASSOCIATION, INC.
1395 COUNTRY OAKS LANE
LAKELAND, FL 33810

SUBJECT: COUNTRY CLASS MEADOWS HOME OWNERS ASSOCIATION, INC.

Ref. Number: N97000001504

We have received your document for COUNTRY CLASS MEADOWS HOME OWNERS ASSOCIATION, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 304A00004365