

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001505 (3)**

1. Corporation Name

COUNTRY CLASS FARMS HOME OWNERS ASSOCIATION, INC

Principal Place of Business

**940 COUNTRY OAKS LANE
LAKELAND FL 33809**

Mailing Address

**940 COUNTRY OAKS LANE
LAKELAND FL 33809**

2. Principal Place of Business

21 **745 Giant Oak Road**
Suite, Apt. #, etc.

22 City & State
Lakeland, FL

23 Zip **33810** Country **USA**

2a. Mailing Address

26 **745 Giant Oak Road**
Suite, Apt. #, etc.

27 City & State
Lakeland, FL

28 Zip **33810** Country **USA**

3. Date Incorporated or Qualified

03/18/1997

4. FEI Number

59-3572419

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**

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

**SAPP, GERALD E
940 COUNTRY OAKS LANE
LAKELAND FL 33809**

10. Name and Address of New Registered Agent

81 Name

Dianna Pierson

82 Street Address (P.O. Box Number is Not Acceptable)

745 Giant Oak Rd.

83

84 City

Lakeland

FL

85 Zip Code

33810

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 **Dianna Pierson**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **SAPP, GERALD**
STREET ADDRESS **940 COUNTRY OAKS LANE**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** ☒ DELETE
NAME **SAPP, BARBARA A**
STREET ADDRESS **940 COUNTRY OAKS LANE**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** ☒ DELETE
NAME **HANEY, TOM**
STREET ADDRESS **1866 WILLIAMSBURG SQUARE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Pres** ☐ Change ☒ Addition
1.2 NAME **Ed Leemann**
1.3 STREET ADDRESS **805 Giant Oak Rd.**
1.4 CITY-ST-ZIP **Lakeland, FL 33810**

2.1 TITLE **V. Pres** ☐ Change ☒ Addition
2.2 NAME **Andrea Turbeville**
2.3 STREET ADDRESS **626 Giant Oak Rd.**
2.4 CITY-ST-ZIP **Lakeland, FL 33810**

3.1 TITLE **Sec. / Treas** ☐ Change ☒ Addition
3.2 NAME **Dianna Pierson**
3.3 STREET ADDRESS **745 Giant Oak**
3.4 CITY-ST-ZIP **Lakeland, FL 33810**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **500002914585-6**
4.3 STREET ADDRESS **-06/24/99-01085-002**
4.4 CITY-ST-ZIP ******297.50 ****297.50**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, or on an attachment with an address.

SIGNATURE: **Dianna Pierson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

941 286-2153

Daytime Phone #

CR2E037 (10/97)

REINSTATEMENT **98-99** **SP**