2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2001 8:00 am Secretary of State DOCUMENT # N9700001505 1. Entity Name COUNTRY CLASS FARMS HOME OWNERS ASSOCIATION, INC. 04-17-2001 90030 014 ****61.25 Principal Place of Business Mailing Address 745 GIANT OAK RD 745 GIANT OAK RD LAKELAND FL 33810 LAKELAND FL 33810 2. Principal Place of Business 3. Mailing Address 655 Giant Oak Rd. 3350 655 Grant Oak Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3572419 _A Keland AKelAnd Not Applicable 33810 Zip 33810 Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sarah Washburn Street Address (P.O. Box Number is Not Acceptable) PIERSON, DIANNA Grant 745 GIANT OAK RD LAKELAND FL 33810 .AKelAnd *3381*6 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) 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ☐ Addition Delete TITLE Teston, Karen LEONARD, ED NAME 940 Giant Oak Rd. STREET ADDRESS STREET ADDRESS 805 GIANT OAK RD AKeland, FL 33810 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33810 VD collins, Sharon TITLE Delete **VD** TITI F Channe Addition NAME TURBEVILLE, ANDREA NAME 725 Giant Oak Rd STREET ADDRESS STREET ADDRESS 626 GIANT OAK RD LAKELAND FL 33810 CITY-ST-ZIP CITY-ST-ZIP : LAKELAND FL 33810 STD Change TITLE STD Delete TITLE Addition washburn, Sarah NAME PIERSON, DIANNA NAME 655 Giant Oak Rd. STREET ADDRESS STREET ADDRESS 745 GIANT OAK RD LAKELAND FL 33810 CITY-ST-ZIP CITY-ST-7IP LAKELAND FL 33810 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #