

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR -9 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001789

1. Entity Name
**COUNTRY CHASE MASTER HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business Mailing Address
5911 BRECKENRIDGE PKWY., SUITE H 5911 BRECKENRIDGE PKWY., SUITE H
TAMPA, FL 33610 TAMPA, FL 33610

2. Principal Place of Business 3. Mailing Address
2630 SOUTH FALKENBURG 2630 SOUTH FALKENBURG
Suite, Apt. #, etc. Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number Applied For
RIVERVIEW FLORIDA RIVER VIEW, FLORIDA 01-0674058 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33569 HILLSBOROUGH 33569 HILLSBOROUGH

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
KING, JEFF Name **MICHAEL COLANGELO**
6911 BRECKENRIDGE PKWY., SUITE H Street Address (P.O. Box Number is Not Acceptable)
TAMPA, FL 33610 **2630 SOUTH FALKENBURG RD.**
City **RIVERVIEW** FL Zip Code **33569**

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 **MICHAEL COLANGELO** DATE **12/MARCH/03**
Signature, by or for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25

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	D KESLER, AL 6911 BRECKENRIDGE PKWY., SUITE H TAMPA, FL 33610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2630 SOUTH FALKENBURG RD RIVERVIEW FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUEHLER, JOHN 6911 BRECKENRIDGE PKWY., SUITE H TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL COLANGELO 2630 SOUTH FALKENBURG RD. RIVERVIEW FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JEFF 6911 BRECKENRIDGE PKWY., SUITE H TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 206 JUNE 2630 SOUTH FALKENBURG RD. RIVERVIEW FL 33569
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 4000131740640 03/03/03--01036--005 **472.50
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)(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, trustee, or other person 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: **MICHAEL COLANGELO** DATE: **12/MARCH/03** (83) 781-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE037 (10/02)