2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR) Apr 29, 2004 8:00 am Secretary of State DOCUMENT # N02000001797 1. Entity Name 04-29-2004 90286 047 ****61.25 COUNTRY CHASE RESIDENTIAL HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2630 SOUTH FALKENBURG RIVERVIEW FL 33569 2630 SOUTH FALKENBURG RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 01-0670523 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLANGELO, MICHAEL 2630 SOUTH FALKENBURG Street Address RIVERVIEW FL 33569 City 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 ager SIGNATURE Signature, typed or printed name of registered agent and til (NOTE: Registered Agent signature required w FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE Addition hirla St. Louis 8547 Tidal Baylance KESLER, AL NAME 2630 SOUTH FALKENBURG STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP Delete Addition COLANGELO, MICHAEL Kin Martinez NAME NAME 2630 SOUTH FALKENBURG 8550 Tidal Bay Lone STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE TITLE ☐ Addition JUNE; ROB - -NAME NAME 2630 SOUTH FALKENBURG Tidal Bay Lane STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

In Martinez SIGNATURE AND TYPED OF PRINTED NAME OF BRING OFFICER OR DIRECTOR

☐ Delete

4/14/04 813-881-430:

☐ Change

Addition