

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

04-29-2005 90174 041 ****61.25

66014478



04212005 Chg-NP CR2E037 (10/03)

4. FEI Number
01-0670523

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # N02000001797

1. Entity Name
COUNTRY CHASE RESIDENTIAL HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
2630 SOUTH FALKENBURG
RIVERVIEW, FL 33569

Mailing Address
2630 SOUTH FALKENBURG
RIVERVIEW, FL 33569

2. Principal Place of Business
2880 Scherer Dr.

3. Mailing Address
2880 Scherer Dr.

Suite, Apt. #, etc. #240

Suite, Apt. #, etc. #240

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33716

Country
Pinellas

Zip
33716

Country
Pinellas

6. Name and Address of Current Registered Agent

BRUDNY, MICHAEL
28100 US 19 N.
#300
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent

Name Steve Mezer, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Bush, Ross, Gardner, et al.
220 - S. Franklin St.
City Tampa FL Zip Code 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

STEVEN N. MEZER 4/27/05

Filing Fee is \$61.25
Due by May 1, 2005

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

TITLE DP
NAME ST. LOUIS, LINDA
STREET ADDRESS 8547 TIDAL BAY LANE
CITY-ST-ZIP TAMPA, FL 33635 ☒ Delete

TITLE DVP
NAME MARTINEZ, KIM
STREET ADDRESS 8550 TIDAL BAY LANE
CITY-ST-ZIP TAMPA, FL 33635 ☒ Delete

TITLE DT
NAME FREY, DEBRA
STREET ADDRESS 8506 TIDAL BAY LANE
CITY-ST-ZIP TAMPA, FL 33635 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director President
NAME Doreen Gonzales
STREET ADDRESS 12404 Rustic View Ct
CITY-ST-ZIP Tampa FL 33635 ☐ Change ☒ Addition

TITLE VP
NAME Mark Freeman
STREET ADDRESS 8507 Tidal Bay Lane
CITY-ST-ZIP Tampa FL 33635 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doreen Gonzales 4/25/05 727-299-4555
President