

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 14, 2009  
Secretary of State**

DOCUMENT# N02000001797

Entity Name: COUNTRY CHASE RESIDENTIAL HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

720 BROOKER CREEK BLVD. #206  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

720 BROOKER CREEK BLVD. #206  
OLDSMAR, FL 34677 US

**New Mailing Address:**

FEI Number: 01-0670523      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCANNAVINO, INC  
720 BROOKER CREEK BLVD. #206  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GONZALES, DOREEN  
Address: 12404 RUSTIC VIEW COURT  
City-St-Zip: TAMPA, FL 33635

Title: DVP ( ) Delete  
Name: MUKUNDA, KARTHA  
Address: 8630 TIDAL BAY LANE  
City-St-Zip: TAMPA, FL 33635

Title: DTS ( ) Delete  
Name: JOHNSON, JARED  
Address: 8508 TIDAL BAY LANE  
City-St-Zip: TAMPA, FL 33635

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DTS (X) Change ( ) Addition  
Name: MC RAE, SHARON  
Address: 8516 TIDAL BAY LANE  
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOREEN GONZALES

PD

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date