

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90048 002 ****61.25



DOCUMENT # N06000009597
 1. Entity Name
COUNTRY RIDGE COVE TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 14125 RIDGE LAKE LT
 LAKELAND, FL 33801

Mailing Address
 PO BOX 92974
 LAKELAND, FL 33804



2. Principal Place of Business - No P.O. Box #
 c/o World of Homes
 Suite, Apt. #, etc.
 2884 S. Osceola Ave

3. Mailing Address
 c/o World of Homes
 Suite, Apt. #, etc.
 2884 S. Osceola Ave

03032008 Chg-NP CR2E037 (12/06)

City & State
 Orlando, FL

City & State
 Orlando, FL

Zip Country
 32806 USA

Zip Country
 32806 USA

4. FEI Number
 77-0674451

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 FERDINANDSEN ENTERPRISES, INC.
 DBA/WORLD OF HOMES
 2884 S. OSCEOLA AVENUE
 ORLANDO, FL 32806

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SPELLMAN, JOSEPH 1412 RIDGE LAKE CT LAKELAND, FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRINGLE, ALLISON 2954 MORGAN COMBEE RD LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATT, ELLIS 1455 RIDGE LAKE CT LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAILEY, MARCIA PO BOX 93340 LAKELAND, FL 33804 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILL, TONY 1459 RIDGE LAKE CT LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILILEO, TONY 1451 RIDGE LAKE CT LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATTY ELLIS 1455 RIDGE LAKE CT. LAKELAND, FL 33801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEE EDWARDS (SD) 1445 RIDGE LAKE CT LAKELAND, FL 33801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY STONE 1453 RIDGE LAKE CT LAKELAND, FL 33801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKE NOLAN 3006 MORGAN COMBEE RD LAKELAND, FL 33801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joseph P Sp **3/4/08** **863 559-8288**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #