

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

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90286 045 ****61.25

DOCUMENT # N02000001789

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



Principal Place of Business Mailing Address

**2630 SOUTH FALKENBERG
RIVERVIEW FL 33569** **2630 SOUTH FALKENBERG
RIVERVIEW FL 33569**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For

01-0674058 Not Applicable

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

6. Name and Address of Current Registered Agent

**COLANGELO, MICHAEL
2630 SOUTH FALKENBERG
RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name **Michael J. Bradley**

Street Address (P.O. Box Number is Not Acceptable)
28100 US HWY. # 300

City **Clearwater** FL Zip Code **33761**

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 J. Bradley* **Michael J. Bradley** DATE

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	KESLER, AL 2630 SOUTH FALKENBERG RIVERVIEW FL 33569 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLANGELO, MICHAEL 2630 SOUTH FALKENBERG RIVERVIEW FL 33569 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNE, ROB 2630 SOUTH FALKENBERG RIVERVIEW FL 33569 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Linda St. Louis Mark Burvett 12352 Countrywhite Circle Tampa, FL 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUP Kim Martinez 8550 Tidal Bay Lane Tampa, FL 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Debra Frey 8506 Tidal Bay Lane Tampa, FL 33635 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joseph Zuckowski 12201 Countrywhite Circle Tampa, FL 33635 <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	<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 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: *Kim Martinez* **Kim Martinez** 4/14/04 813-881-4302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #