

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001789

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: COUNTRY CHASE MASTER HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3974 TAMPA ROAD  
B  
OLDSMAR, FL 34677

**New Principal Place of Business:**

3527 PALM HARBOR BLVD  
PALM HARBOR, FL 34683

**Current Mailing Address:**

P.O. BOX 2157  
OLDSMAR, FL 34677

**New Mailing Address:**

3527 PALM HARBOR BLVD  
PALM HARBOR, FL 34683

FEI Number: 01-0674058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HANSON, JACK B AGENT  
3974 TAMPA ROAD  
B  
OLDSMAR, FL 34677 US

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

HANSON, JACK B AGENT  
MELROSE MANAGEMENT GROUP  
3527 PALM HARBOR BLVD  
PALM HARBOR, FL 34683 US

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: JACK B HANSON

04/12/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BARRETT, MARK  
Address: 12352 COUNTRYWHITE CIRCLE  
City-St-Zip: TAMPA, FL 33635

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

Title: DT ( ) Delete  
Name: FRIEDICH, ANNETTE  
Address: 12482 COUNTRY WHITE CIRCLE  
City-St-Zip: TAMPA, FL 33635

Title: DS ( ) Delete  
Name: FREY, DEBRA  
Address: 8506 TIDAL BAY LANE  
City-St-Zip: TAMPA, FL 33635

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

Title: DP (X) Change ( ) Addition  
Name: GONZALES, DOREEN  
Address: 12404 RUSTIC VIEW CT  
City-St-Zip: TAMPA, FL 33635

Title: DVP (X) Change ( ) Addition  
Name: BOWMAN, LOIS  
Address: 12412 COUNTRY WHITE CIRCLE  
City-St-Zip: TAMPA, FL 33635

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

Title: DS (X) Change ( ) Addition  
Name: JOHNSON, JARED  
Address: 8508 TIDAL BAY LANE  
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify for the 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: JACK B HANSON

AGEN

04/12/2006

Electronic Signature of Signing Officer or Director

Date