

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90069 014 ****61.25

DOCUMENT # N02000001459

1. Entity Name
**COUNTRY CHASE TOWNHOMES PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**C/O STEP ABOVE MANAGEMENT, INC.
6524 LA MESA CIRCLE
TAMPA, FL 33634**

Mailing Address
**POST OFFICE BOX 273613
TAMPA, FL 33688**

40024413



02162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3725956

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SUAREZ, QUINTY
STEP ABOVE MANAGEMENT, INC.
6524 LA MESA CIRCLE
TAMPA, FL 33634**

**DO NOT WRITE
IN THIS SPACE**

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]*

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

Quinty Suarez

(NOTE: Registered Agent signature required when reinstating)

2/13/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRIEDRICH, ANNETTE
STREET ADDRESS 12482 COUNTRY WHITE CIRCLE
CITY-ST-ZIP TAMPA, FL 33635

TITLE VPD
NAME BOWMAN, LOIS
STREET ADDRESS 12412 COUNTRY WHITE CIRCLE
CITY-ST-ZIP TAMPA, FL 33635

TITLE TD
NAME SMITH, JODY
STREET ADDRESS 12285 COUNTRY WHITE CIRCLE
CITY-ST-ZIP TAMPA, FL 33635

TITLE SD
NAME SOBODASH, MARK
STREET ADDRESS 12467 COUNTRY WHITE CIRCLE
CITY-ST-ZIP TAMPA, FL 33635

TITLE D
NAME SOUSA, DANIEL
STREET ADDRESS 12451 COUNTRY WHITE CIRCLE
CITY-ST-ZIP TAMPA, FL 33635

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois Bowman

2/20/07

Date

Daytime Phone #

813-516-8658