
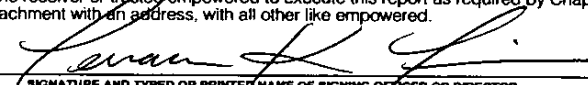


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90010 042 ****61.25

DOCUMENT # N98000005575					
1. Entity Name COUNTRY CROSSINGS AT SPRING RIDGE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C.O HARA MGMT, INC. 118 NORTH WYMORE RD WINTER PARK, FL 32789			Mailing Address C.O HARA MGMT, INC. 118 NORTH WYMORE RD WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3612584	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARA, ROBERT HARA MGMT, INC. 118 NORTH WYMORE RD WINTER PARK, FL 32789			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VD NAME PARKER, KENNETH L STREET ADDRESS 865 GRAND SAYAN LOOP CITY-ST-ZIP APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Jeff Adams STREET ADDRESS 2335 CERBERUS DR CITY-ST-ZIP APOPKA, FL 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TSD NAME KNAUB, JIMMY L STREET ADDRESS 2346 CERBERUS DR CITY-ST-ZIP APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete		TITLE Sec/Treas NAME Shawn Starbird STREET ADDRESS 2432 CERBERUS DR CITY-ST-ZIP APOPKA, FL 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME LEWIS, TERRANCE STREET ADDRESS 2343 CERBERUS DR CITY-ST-ZIP APOPKA, FL 32712	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input 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: 			1/10/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40055500



01092007 Chg-NP CR2E037 (12/06)