2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750585

FILED Apr 29, 2008 Secretary of State

Entity Name: COUNTRY PLACE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 340165 EHRLICH ROAD TAMPA, FL 33694 TAMPA, FL 33694 US US **Current Mailing Address: New Mailing Address:** P.O. BOX 340165 9887 FOURTH STREET NORTH #301 TAMPA, FL 33694 US ST. PETERSBURG, FL 33702 FEI Number: 59-2471619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, THOMAS R 15910 EAGLE RIVER WAY TAMPA, FL 33624 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete JACK, JEANETTE VANSTEENBERGEN, PAUL Name: Name: 16005 CRYING WIND DRIVE Address: 9887 FOURTH STREET NORTH #301 Address: City-St-Zip: TAMPA, FL 33624 US City-St-Zip: ST. PETERSBURG, FL 33702 US Title: () Delete Title: (X) Change () Addition SMITH, THOMAS R Name: COLINI, KEITH Name: Address: 15910 EAGLE RIVER WAY Address: 9887 FOURTH STREET NORTH #301 City-St-Zip: TAMPA, FL 33624 City-St-Zip: ST. PETERSBURG, FL 33702 Title: () Delete Title: (X) Change () Addition VAN STEENBERGEN, PAUL GONZALES, NANCY Name: Name: 16208 MARSHFIELD DR. 9887 FOURTH STREET NORTH #301 Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: ST. PETERSBURG, FL 33702 () Change (X) Addition Title: () Delete Title: D Name: Name: MCDOWELL, BRIAN Address: Address: 9887 FOURTH STREET NORTH #301 City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 33702 Title: () Delete Title: () Change (X) Addition SCHMICK, ABBEY Name: Name: 9887 FOURTH STREET NORTH #301 Address: Address: ST. PETERSBURG, FL 33702 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition MACDONALD, CHARLES Name: Name: Address: Address: 9887 FOURTH STREET NORTH #301 ST. PETERSBURG, FL 33702 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAUL VANSTEENBERGEN P 04/29/2008