2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33968

FILED Apr 13, 2009 Secretary of State

Entity Name: COUNTRY LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US FEI Number: 59-2965483 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: HART, JAMES W JR C/O SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PELLETIER, JACK MELLUSI, JOHN JR Name: Name: 1784 COUNTRY TERRACE LN Address: 1731 COUNTRY TERRACE LN Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 Title: SD () Delete Title: (X) Change () Addition TALBERT, SUNNY DAY Name: TALBERT, SUNNY DAY Name: Address: 292 LAKE DOE BLVD Address: 292 LAKE DOE BLVD City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 Title: () Delete Title: () Change () Addition PORTER, TABITHA Name: Name: 1481 COUNTRY VILLA CT Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: OROZCO, ANA Name: 310 LAKE DOE BLVD Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition EDWARDS, DON BOHLI, PAUL Name: Name: 306 COUNTRY LANDING BLVD 1601 COUNTRY CT Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 Title: () Delete Title: () Change (X) Addition WILKINS, MIKE Name: Name: Address: Address: 1566 COUNTRY CT APOPKA, FL 32703 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: JOHN MELLUSI JR PD 04/13/2009