## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000001459

FILED Apr 18, 2009 Secretary of State

Entity Name: COUNTRY CHASE TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

AMERI-TECH REALTY, INC. AMERI-TECH REALTY, INC. 1799-B NORTH BELCHER ROAD

24701 US HIGHWAY 19 N SUITE 102

CLEARWATER, FL 33763

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 14357 CLEARWATER, FL 33766

CLEARWATER, FL 33765

FEI Number: 59-3725956 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:

AMERI-TECH REALTY, INC 1799-B NORTH BELCHER ROAD CLEARWATER, FL 33766

AMERI-TECH REALTY, INC 24701 US HIGHWAY 19 N SUITE 102 CLEARWATER, FL 33763

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: MICHAEL G PEREZ, PRESIDENT 04/18/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition FRIEDRICH, ANNETTE SMITH, JODY Name: Name:

12482 COUNTRY WHITE CIRCLE Address: 12285 COUNTRY WHITE CIRCLE Address:

City-St-Zip: TAMPA, FL 33635 City-St-Zip: TAMPA, FL 33635

Title: VPD ( ) Delete Title: (X) Change ( ) Addition ALHADEFF, SARAH Name: ASTON, DOROTHY Name:

Address: 12287 COUNTRY WHITE CIRCLE Address: 12312 COUNTRY WHITE CIRCLE

City-St-Zip: TAMPA, FL 33635 City-St-Zip: TAMPA, FL 33635

Title: () Delete Title: (X) Change ( ) Addition

SMITH, JODY Name: GRIFFIN, LESLIE Name: 12285 COUNTRY WHITE CIRCLE 12316 COUNTRY WHITE CIRCLE Address: Address:

City-St-Zip: TAMPA, FL 33635 City-St-Zip: TAMPA, FL 33635

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: JODY SMITH PD 04/18/2009