

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001789

FILED  
Mar 13, 2012  
Secretary of State

**Entity Name:** COUNTRY CHASE MASTER HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

720 BROOKIER CREEK BLVD  
SUITE 206  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

720 BROOKIER CREEK BLVD  
SUITE 206  
OLDSMAR, FL 34677 US

**New Mailing Address:**

FEI Number: 01-0674058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCANNAVINO, INC  
720 BROOKER CREEK BLVD  
SUITE 206  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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:**

Title: PD  
Name: GONZALES, DOREEN  
Address: 720 BROOKER CREEK BLVD #206  
City-St-Zip: OLDSMAR, FL 34677

Title: SD  
Name: MCRAE, SHARON  
Address: 720 BROOKER CREEK BLVD #206  
City-St-Zip: OLDSMAR, FL 34677

Title: D  
Name: BARELOS, BRYON  
Address: 720 BROOKER CREEK BLVD #206  
City-St-Zip: OLDSMAR, FL 34677

Title: D  
Name: BLACK, SHANNON  
Address: 720 BROOKER CREEK BLVD #206  
City-St-Zip: OLDSMAR, FL 34677

I hereby 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 all other like empowered.

SIGNATURE: DOREEN GONZALES

PD

03/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date