

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -9 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001797

1. Entity Name
COUNTRY CHASE RESIDENTIAL HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
5911 BRECKENRIDGE PKWY., SUITE H
TAMPA, FL 33610

Mailing Address
5911 BRECKENRIDGE PKWY., SUITE H
TAMPA, FL 33610

2. Principal Place of Business
2630 SOUTH FALKENSBURG
Suite, Apt. #, etc.

3. Mailing Address
2630 SOUTH FALKENSBURG
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
RIVERVIEW, FLORIDA

City & State
RIVERVIEW, FLORIDA

4. FEI Number
01-067 0523

Applied For
Not Applicable

Zip
33569

Country
HILLSBOROUGH

Zip
33569

Country
HILLSBOROUGH

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
KING, JEFFERY
6911 BRECKENRIDGE PKWY., SUITE H
TAMPA, FL 33610

7. Name and Address of New Registered Agent
Name
MICHAEL COLANGELO
Street Address (P.O. Box Number is Not Acceptable)
2630 SOUTH FALKENSBURG RD.
City
RIVERVIEW FL Zip Code
33569

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.)
MICHAEL COLANGELO

12/MARCH/03
DATE

FILE NOW FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
D KESLER, AL
STREET ADDRESS
6911 BRECKENRIDGE PKWY., SUITE H
CITY-ST-ZIP
TAMPA, FL 33610 ☐ Delete

TITLE
NAME
D BUEHLER, JOHN
STREET ADDRESS
6911 BRECKENRIDGE PKWY., SUITE H
CITY-ST-ZIP
TAMPA, FL 33610 ☒ Delete

TITLE
NAME
D KING, JEFFREY
STREET ADDRESS
6911 BRECKENRIDGE PKWY., SUITE H
CITY-ST-ZIP
TAMPA, FL 33610 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
PRESIDENT T
STREET ADDRESS
2630 SOUTH FALKENSBURG RD.
CITY-ST-ZIP
RIVERVIEW, FL 33569 ☒ Change ☐ Addition

TITLE
NAME
VICE PRESIDENT T
STREET ADDRESS
MICHAEL COLANGELO
2630 SOUTH FALKENSBURG RD
CITY-ST-ZIP
RIVERVIEW, FL 33569 ☐ Change ☒ Addition

TITLE
NAME
SECRETARY T
STREET ADDRESS
ROB JUNE
2630 SOUTH FALKENSBURG RD
CITY-ST-ZIP
RIVERVIEW, FL 33569 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300013282173
03/03/03--01036--005 **472.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/MARCH/03 (813) 781-0456

CR2E037 (10/02)