2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 18, 2007 8:00 am
Secretary of State
05-08-2007 90015 050 ****61.25

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1st MOORE CR2E037 (10/06)

DOCUMENT # 739342

1. Entity Name

THE COUNTRY PLACE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 1312 PALM CITY FL 34991 US	P. O. BOX 1312 PALM CITY FL 34991 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2513178 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHESTNUT, P.A. D J. 215 S. FEDERAL HIGHWAY STUART FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEILER, PETE 4525 SW. COUNTRY PLACE RD PALM CITY FL 34990	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GAUL, JOHN B 6713 SW LASSO LN PALM CITY FL 34990 PRES.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GAUL, JOHN B 6713 SW LASSO LN PALM CITY FL 34990	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHESTNUT, DAVID 4241 SW LAUREL OAK TERRACE PALM CITY FL 34990 TREAS.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KRUSE, IRENE 6802 SOUTHWEST LASSOO LANE PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SNYDER, LIZ 4270 SW COUNTRY PLACE Rd. PALM CITY FL. 34990 DIR.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONG, JOHN 4795 SOUTHWEST COUNTRY PLACE ROAD PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHESTNUT, DAVID 4241 SW LAUREL OAK TERRACE PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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] JOHN B. GAUL PRES 4-23-7 772-283-4275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #