

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90023 040 \*\*\*\*61.25

**DOCUMENT # 739342**

1. Entity Name

**THE COUNTRY PLACE PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business

P O BOX 1312  
PALM CITY FL 34991  
US

Mailing Address

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

1st MOORE

CR2E037 (10/07)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2008**

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  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**P  
GAUL, JOHN B  
6713 SZLASSE LN  
PALM CITY FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Delete

**T  
CHESTNUT, DAVID  
4241 SW LAUREL OAK TERR  
PALM CITY FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**SD  
KRUSE, IRENE  
6802 SOUTHWEST LASSOO LANE  
PALM CITY FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**D  
LONG, JOHN  
4795 SOUTHWEST COUNTRY PLACE ROAD  
PALM CITY FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**D  
CHESTNUT, DAVID  
4241 SW LAUREL OAK TERRACE  
PALM CITY FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Delete

**D  
SNYDER, LIZ  
4270 SW CTY PL RD  
PALM CITY FL 34990**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

**T  
KRUSE, IRENE  
6802 SW LASSOO LN  
PALM CITY, FL. 34990**

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

**SD  
MESSIER, PAUL  
6852 SW LASSOO LN  
PALM CITY FL 34990**

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

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: **JOHN B GAUL, PRES.**

**2-21-8**

**772 293-4275**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #