

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 08, 2010
Secretary of State

DOCUMENT# 750585

Entity Name: COUNTRY PLACE COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**EHRlich ROAD
TAMPA, FL 33694 US**New Principal Place of Business:****Current Mailing Address:**RAMPART PROPERTIES
9887 4TH ST., NORTH, STE. 301
ST. PETERSBURG, FL 33702 US**New Mailing Address:****FEI Number:** 59-2471619**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMITH, BRIAN K
9887 4TH ST., NORTH
STE 301
ST. PETERSBURG, FL 33702 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:** VPD
Name: DICKENS, JASON
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST. PETERSBURG, FL 33702 US**Title:** PD
Name: ALLISON, ABBEY
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST. PETERSBURG, FL 33702**Title:** SD
Name: COLINI, KEITH
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST. PETERSBURG, FL 33702**Title:** TD
Name: VAN STEENBERGEN, PAUL
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST. PETERSBURG, FL 33702**Title:** D
Name: SLIWIAK, ELLIA
Address: 9887 FOURTH STREET NORTH #301
City-St-Zip: ST. PETERSBURG, FL 33702

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: ABBY ALLISON

PD

09/08/2010

Electronic Signature of Signing Officer or Director

Date