2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 760445

Entity Name: COUNTRY CORNERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6920 COUNTRY CORNER LANE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 561338
ORLANDO, FL 328561338 US

New Mailing Address:

FEI Number: 59-2142452 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEAN & MARLOW, PA
646 E COLONIAL DR
ORLANDO, FL 32803 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: P ( ) Delete
Name: LEMAY, DONALD
Address: 6920 COUNTRY CORNER LANE
City-St-Zip: ORLANDO, FL 32809

Title: VS ( ) Delete
Name: MILLER, EILEEN
Address: 6923 COUNTRY CORNER LN
City-St-Zip: ORLANDO, FL 32809

Title: Y ( ) Delete
Name: LEMAY, ANNMARIE
Address: 6920 COUNTRY CORNER LANE
City-St-Zip: ORLANDO, FL 32809

Title: S ( ) Delete
Name: UTLEY, LINDA
Address: 6919 COUNTRY CORNER LANE
City-St-Zip: ORLANDO,, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change ( ) Addition
Name: MARTI, DIANA
Address: 6956 COUNTRY CORNER LN
City-St-Zip: ORLANDO, FL 32809

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AM LEMAY Y 04/15/2009

Electronic Signature of Signing Officer or Director — Date