

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767148

FILED
Jan 09, 2011
Secretary of State

Entity Name: COUNTRY ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1613 BOB WHITE TRAIL
CHULUOTA, FL 32766 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 622741
OVIEDO, FL 327622741 US

New Mailing Address:

FEI Number: 59-2955126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, FRANCINE L TD
1613 BOB WHITE TRAIL
CHULUOTA, FL 32766 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: SD
Name: LANGFORD, TERRI SECRETA
Address: 1175 BOBWHITE TRAIL
City-St-Zip: CHULUOTA, FL 32766

Title: PD
Name: CLAUSEN, JULIA PRES
Address: 1445 BOB WHITE TRL
City-St-Zip: CHULUOTA, FL 32766

Title: VD
Name: MONACO, JOE VP
Address: 1190 BOB WHITE TRAIL
City-St-Zip: CHULUOTA, FL 32766

Title: TREA
Name: HAYES, FRANCINE L
Address: 1613 BOB WHITE
City-St-Zip: CHULUOTA, FL 32766

Title: TD
Name: MIKE, HARGON D
Address: 228 N GRIFFIN DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: TD
Name: TANNER, LISA
Address: 1250 BOB WHITE TRL
City-St-Zip: CHULUOTA, FL 32766

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: FRANCINE L. HAYES

TREA

01/09/2011

Electronic Signature of Signing Officer or Director

Date