


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90016 039 \*\*\*\*70.00

<b>DOCUMENT # 769214</b> 1. Entity Name THE COUNTRY PLACE HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 113 COUNTRY PLACE SANFORD, FL 32217 US	Mailing Address 113 COUNTRY PLACE SANFORD, FL 32217 US
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**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KIMMONS, ANN M 106 COUNTRY PLACE SANFORD, FL 32217
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROTT, JOHN 111 COUNTRY PL SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD</del> <del>FLYNN, TODD</del> <del>104 COUNTRY PL</del> <del>SANFORD, FL</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIMMONS, ANN 106 COUNTRY PL SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER JOHN PAROLINE 112 COUNTRY PL SANFORD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Ann M. Kimmons **ANN M. KIMMONS** 2/1/08 407 324 1565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #