

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769214

FILED
Feb 09, 2009
Secretary of State

Entity Name: THE COUNTRY PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

113 COUNTRY PLACE
SANFORD, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

113 COUNTRY PLACE
SANFORD, FL 32217 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KIMMONS, ANN M
106 COUNTRY PLACE
SANFORD, FL 32217 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: BROTT, JOHN
Address: 111 COUNTRY PL
City-St-Zip: SANFORD, FL

Title: BM () Delete
Name: PAROLINE, JOHN
Address: 112 COUNRTY PLACE
City-St-Zip: SANFORD, FL

Title: ST () Delete
Name: KIMMONS, ANN
Address: 106 COUNTRY PL
City-St-Zip: SANFORD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROTT, JOHN
Address: 111 COUNTRY PL
City-St-Zip: SANFORD, FL 32771

Title: BM (X) Change () Addition
Name: FLYNN, TODD
Address: 104 COUNRTY PLACE
City-St-Zip: SANFORD, FL 32771

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: ANN M KIMMONS

ST

02/09/2009

Electronic Signature of Signing Officer or Director

Date