

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001789

FILED
Apr 12, 2006
Secretary of State

Entity Name: COUNTRY CHASE MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3974 TAMPA ROAD
B
OLDSMAR, FL 34677

New Principal Place of Business:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

Current Mailing Address:

P.O. BOX 2157
OLDSMAR, FL 34677

New Mailing Address:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

FEI Number: 01-0674058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, JACK B AGENT
3974 TAMPA ROAD
B
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

HANSON, JACK B AGENT
MELROSE MANAGEMENT GROUP
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 US

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: JACK B HANSON

04/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARRETT, MARK
Address: 12352 COUNTRYWHITE CIRCLE
City-St-Zip: TAMPA, FL 33635

Title: DVP () Delete
Name: GONZALES, DOREEN
Address: 12404 RUSTIC VIEW COURT
City-St-Zip: TAMPA, FL 33635

Title: DT () Delete
Name: FRIEDICH, ANNETTE
Address: 12482 COUNTRY WHITE CIRCLE
City-St-Zip: TAMPA, FL 33635

Title: DS () Delete
Name: FREY, DEBRA
Address: 8506 TIDAL BAY LANE
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GONZALES, DOREEN
Address: 12404 RUSTIC VIEW CT
City-St-Zip: TAMPA, FL 33635

Title: DVP (X) Change () Addition
Name: BOWMAN, LOIS
Address: 12412 COUNTRY WHITE CIRCLE
City-St-Zip: TAMPA, FL 33635

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

Title: DS (X) Change () Addition
Name: JOHNSON, JARED
Address: 8508 TIDAL BAY LANE
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify for the 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: JACK B HANSON

AGEN

04/12/2006

Electronic Signature of Signing Officer or Director

Date