## **2008 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # N02000001789



FILED
Apr 30, 2008 8:00 am
Secretary of State
_
04-30-2008 90200 002 ****61.25

1. Entity Name COUNTRY CHASE MASTER HOMEOWNERS ASSOCIATION, INC.											
720 BROOKIER CREEK BLVD 72 #206 #2				Aailing Address 720 BROOKIER CREEK BLVD #206			60034822				
OLDSMAR, FL 34677 US OLDSMAR, FL 34677 US											
Principal Place of Business - No P.O. Box #     Mailing Address								II <b>si da</b> in <b>to</b> id <b>dh</b> in i	EBIK BELEKTIBL	1664   U\ U 16	IIILI DI 1001
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04022008 Ci	ng-NP	CR2E03	·	
City & State			Cit	City & State			4. FEI Number 01-067405	8			oplied For ot Applicable
Zip Country Z			Zip	)	Cou	intry	5. Certificate of St	atus Desired		8.75 Add ee Require	
	6. Name	and Address of Current	Registere	d Agent		Name	7. Name and Add	ress of New Re	gistered A	gent	
SCANNAV 720 BROC OLDSMAF	KER CRE						(P.O. Box Number is I	Not Acceptable)			
						City			FL	Zip Cod	ıe
	named entit	y submits this statement for tered agent.	or the purp	ose of changing its	registere	L ad office or registe	ered agent, or both, in	the State of Flori	ida. I am fa	ımiliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent	t and title if app	licable. (NOTE	: Registered	d Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.							
	_						\$5.00 May Be Added to Fees		la Departi	payable to ment of St	
10,	Due by N		RECTORS	Trust Fund C	ontributi	ion. 🗆	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Floric	ta Departi S AND DIR	ECTORS IN	tate ·
10. TITLE NAME	Due by N	lay 1, 2008	RECTORS		11.	ion. U	Added to Fees  ADDITIONS/CHANG	Floric ES TO OFFICER	ia Departi S AND DIR	ECTORS IN	tate ·
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TITLE NAME STREET ADDRESS CIFY-ST-ZIP TITLE	DP GONZALI 12404 RL TAMPA, F	OFFICERS AND DI OFFICERS AND DI ES, DOREEN USTIC VIEW CT FL 33635	RECTORS	Trust Fund C	11. TITLE NAMI STRE CITY	E S M EET ADDRESS 13.2 -ST-ZIP TA	Added to Fees  ADDITIONS/CHANGI  LITH JOBY  85 COUNT  MPA FL  65A ELE	Florida ES TO OFFICER TRY 63 3363 NA	SAND DIR	ment of Si ECTORS IN Change Cl	tate  110  Addition  CLE
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	DP GONZALI 12404 RL TAMPA, F DT FRIEDICH 12482 CC	OFFICERS AND DI ES, DOREEN USTIC VIEW CT EL 33635 H, ANNETTE DUNTRY WHITE CIRCI		Trust Fund C	11. TITLE NAM STRE CITY TITLE NAM STRE	E SMET ADDRESS 13.2 -ST-ZIP TA	Added to Fees  ADDITIONS/CHANG  ITH JODY  85 COUNT  MPA FL  ESA ELE  180 COONT	Florida ESTO OFFICER FRY 60 3367 NA FRY 601	SAND DIR	ment of Si ECTORS IN Change Cl	tate  110  Addition  RCLE
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as supplemental report is used and according and that my signature shall have the same legal effect as it made under oath; that I am an officer of director 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 it is the properties of the empowered.

Signature and typed on Printed Name of Signing Officer or Director.

Date

Daytime Phone # of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with at

SIGNATURE: