2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N02000001789

Entity Name: COUNTRY CHASE MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

720 BROOKIER CREEK BLVD
#206
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

720 BROOKIER CREEK BLVD
#206
OLDSMAR, FL 34677 US

New Mailing Address:

FEI Number: 01-0674058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCANNAVINO INC
720 BROOKER CREEK BLVD
OLDSMAR, FL 34677 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: DP ( ) Delete
Name: GONZALES, DOREEN
Address: 12404 RUSTIC VIEW CT
City-St-Zip: TAMPA, FL 33635

Title: VP ( ) Delete
Name: SMITH, JODY
Address: 12285 CTRY WHITE CIR
City-St-Zip: TAMPA, FL 33635

Title: S ( ) Delete
Name: MESA, ELENA
Address: 12480 CTRY WHITE CIR
City-St-Zip: TAMPA, FL 33635

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: SMITH, JODY
Address: 12285 COUNTRY WHITE CIR
City-St-Zip: TAMPA, FL 33635

Title: SD (X) Change ( ) Addition
Name: GRIFFIN, LESLIE
Address: 12316 COUNTRY WHITE CIR
City-St-Zip: TAMPA, FL 33635

Title: TD ( ) Change (X) Addition
Name: MC RAE, SHARON
Address: 8516 TIDAL BAY LANE
City-St-Zip: TAMPA, FL 33635

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: DOREEN GONZALES PD 01/14/2009

Electronic Signature of Signing Officer or Director — Date