

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90436 050 \*\*\*\*61.25

20041020



01062006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N02000001797</b>					
1. Entity Name <b>COUNTRY CHASE RESIDENTIAL HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <del>2880 SCHERER DRIVE</del> <del>SUITE 840</del> <b>SAINT PETERSBURG, FL 33716 US</b>			Mailing Address <del>2880 SCHERER DRIVE</del> <del>SUITE 840</del> <b>SAINT PETERSBURG, FL 33716 US</b>		
2. Principal Place of Business <b>1050 A ELW PKWY</b> Suite, Apt. #, etc.		3. Mailing Address <b>1050 A ELW PKWY</b> Suite, Apt. #, etc.		4. FEI Number <b>01-0670523</b>	
City & State <b>OLDSMAR FL</b>		City & State <b>OLDSMAR, FL</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34677</b>	Country <b>USA</b>	Zip <b>34677</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MEZER, STEVE ESQ. C/O BUSH, KOSS, GARDNER, ET. AL. 220 SOUTH FRANKLIN STREET TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name <b>SCANNAVINO, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1050 A ELW PKWY</b> City <b>OLDSMAR</b> FL Zip Code <b>34677</b>	
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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE </div> <div>DATE <b>04-20-06</b></div> </div> <small>Signature, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, DOREEN		NAME		
STREET ADDRESS	12404 RUSTIC VIEW COURT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREEMAN, MARK		NAME		
STREET ADDRESS	8507 TIDAL BAY LANE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP		
TITLE	DT JARED JOHNSON	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JARED JOHNSON		NAME	JARRED JOHNSON	
STREET ADDRESS	8507 TIDAL BAY LANE		STREET ADDRESS	8508 TIDAL BAY LANE	
CITY-ST-ZIP	TAMPA, FL 33635		CITY-ST-ZIP	TAMPA, FL 33635	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:				Date <b>4-14-06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	