## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachmen with an address, with all other like empowered.

**SIGNATURE** 

## Apr 18, 2006 8:00 am Secretary of State DOCUMENT # N03000002771 1. Entity Name 04-18-2006 90068 040 \*\*\*\*61.25 TOWNHOMES OF COUNTRY RUN HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2880 SCHERER DR #840 SAINT PETERSBURG FL 33716 2880 SCHERER DR #840 SAINT PETERSBURG FL 33716 Principal Place of Business 3. Mailing Address 870 Scherer Drue 2870 Scherer Dive D Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) itc 100 City & State + PCHrsbuz Applied For 4. FEI Number 86-1067068 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mezer BRADAY, MICHAEL Street Address (P & BoynNumber is Not Acceptable) 28100 US 19 N. #300 CLEARWATER FL 33761 33 CO2 moa 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. SIGNATURE Signature, typed or printed name of FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change Addition THE ROSARIO, LOUIS NAME. NAMU 12713 SUNLAND CT STRUET ADDRESS STREET ADDRESS **TAMPA FL 33625** CITY-S1-ZIP CITY-ST-ZIP Delete Change TITLE ☐ Addition CASTLEMAN, CHRIS NAME NAME 12717 SUNLAND CT STREET ADDRESS STREET ADDRESS **TAMPA FL 33625** CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE MONTELOORE, KELLY NAME NAME STREET ADDRESS 12731 SUNLAND CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33625** \*Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE 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 Section 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

FILED

april 1,06 1813-968-6868