2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# N04000001047

Entity Name: TOWNHOMES OF COUNTRY VIEW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 S ORANGE AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

C/O LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 20-1703047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809 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: TUTCHER, CHRISTINE
Address: 12703 COUNTRY BROOK LANE
City-St-Zip: TAMPA, FL 33625

Title: DVP ( ) Delete
Name: FAIELLA, TASHA
Address: 12730 COUNTRY BROOK LANE
City-St-Zip: TAMPA, FL 33625

Title: DS ( ) Delete
Name: KREMER, JULIE
Address: 12754 COUNTRY BROOK LANE
City-St-Zip: TAMPA, FL 33625

Title: DT ( ) Delete
Name: MATOS, RICHARD
Address: 12716 COUNTRY BROOK LANE
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: HOUGH, CHRIS
Address: 12718 COUNTRY BROOK LANE
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete
Name: MATOS, MONICA
Address: 12715 COUNTRY BROOK LANE
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: CHRISTINE TUTCHER DP 04/23/2007

Electronic Signature of Signing Officer or Director — Date