2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000001047

FILED Jun 04, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

8009 S ORANGE AVENUE ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LELAND MANAGEMENT 8009 S. ORANGE AVE ORLANDO, FL 32809 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

TUTCHER, CHRISTINE Name: Name:

Address: 12703 COUNTRY BROOK LANE Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

CAROL, CHARLES Name: Name: CARO, CHARLES

Address: 6020 COUNTRY GLADE WAY Address: 6020 COUNTRY GLADE WAY City-St-Zip: TAMPA, FL 33625

TAMPA, FL 33625 City-St-Zip:

Title: () Delete Title: (X) Change () Addition HORVATH, ETHEL HORVATH, ETHEL Name: Name:

6010 COUNTRY GLADE WAY 6010 COUNTRY GLADE WAY Address: Address:

City-St-Zip: TAMPA, FL 33625 City-St-Zip: TAMPA, FL 33625

Title: (X) Delete Title: () Change () Addition

Name: HORVATH, ETHEL Name: 6010 COUNTRY GLADE WAY Address: Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip:

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: CHRISTINE TUTCHER Ρ 06/04/2007