

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90092 043 ****61.25

DOCUMENT # N05000003858					
1. Entity Name COUNTRY CHASE OF CENTRAL FLORIDA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1420 S. FLORIDA AVE. LAKELAND, FL 33803			Mailing Address 1420 S. FLORIDA AVE. LAKELAND, FL 33803		
2. Principal Place of Business - No P.O. Box # 5018 Greenbrook Ln		3. Mailing Address P.O. Box 5284			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lakeland FL		City & State Lakeland FL		4. FEI Number 56-2512849	
Zip 33811		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARPER, PAUL SEAN 1420 S. FLORIDA AVE. LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name: Kay Elliott Street Address (P.O. Box Number is Not Acceptable): 5018 Greenbrook Ln City: Lakeland FL Zip Code: 33811			
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:		Kay Elliott		3/26/07	
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP	NAME HARPER, PAUL SEAN	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME Aaron Masaitis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1420 S. FLORIDA AVE.	CITY-ST-ZIP LAKELAND, FL 33803		STREET ADDRESS 1545 Country Chase St	CITY-ST-ZIP Lakeland FL 33810	
TITLE DVP	NAME HARPER, ROBERT F. III	<input checked="" type="checkbox"/> Delete	TITLE VPD	NAME Milt Champion	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1420 S. FLORIDA AVE.	CITY-ST-ZIP LAKELAND, FL 33803		STREET ADDRESS 7870 Country Chase Ave	CITY-ST-ZIP Lakeland FL 33810	
TITLE DST	NAME REEBER, CHARLES H.	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME Holly Carlin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5902 BRECKENRIDGE PKWY, STE. B	CITY-ST-ZIP TAMPA, FL 33610		STREET ADDRESS 1554 Country Chase St	CITY-ST-ZIP Lakeland FL 33810	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE TD	NAME Michael Scott	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 1465 Country Chase Dr	CITY-ST-ZIP Lakeland FL 33810	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE D	NAME Matt Gilmore	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 1423 Country Chase Dr	CITY-ST-ZIP Lakeland FL 33810	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: Daytime Phone #:					