

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007171

FILED  
Jul 09, 2008  
Secretary of State

**Entity Name:** COUNTRY SQUARE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3113 MOSSVALE LANE  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

3113 MOSSVALE LANE  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

VIJAPURA, MINAXI A  
3113 MOSSVALE LANE  
TAMPA, FL 33618 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:**

Title: D ( ) Delete  
Name: VIJAPURA, MINAXI A  
Address: 3113 MOSSVALE LANE  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: MAKATI, KIRTI M  
Address: 3113 MOSSVALE LANE  
City-St-Zip: TAMPA, FL 33618

Title: D (X) Delete  
Name: VIJAPURA, ASHIT K  
Address: 3113 MOSSVALE LANE  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MRS (X) Change ( ) Addition  
Name: VIJAPURA, MINAXI A  
Address: 3113 MOSSVALE LANE  
City-St-Zip: TAMPA, FL 33618

Title: MR (X) Change ( ) Addition  
Name: VIJAPURA, ASHIT K  
Address: 3113 MOSSVALE LANE  
City-St-Zip: TAMPA, FL 33618

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MINAXI VIJAPURA

MRS

07/09/2008

Electronic Signature of Signing Officer or Director

Date