

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08200

FILED
Mar 15, 2009
Secretary of State

Entity Name: COUNTRY DOWNS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 950923
LAKE MARY, FL 327957923

New Principal Place of Business:

795 KEENELAND PIKE
LAKE MARY, FL 32746

Current Mailing Address:

P O BOX 950923
LAKE MARY, FL 327957923

New Mailing Address:

P O BOX 950923
LAKE MARY, FL 327950923

FEI Number: 59-2694599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLATON, CLAUDIA
186 TIM TAM CT
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

LOCHRIDGE, SCOTT PRES
795 KEENELAND PIKE
LAKE MARY, FL 32746 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: SCOTT LOCHRIDGE

03/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: COLE, WENDI
Address: 736 KEENELAND PIKE
City-St-Zip: LAKE MARY, FL 32746

Title: P () Delete
Name: SLATON, CLAUDIA
Address: 186 TIMTAM COURT
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: FLOSITZ, NINA
Address: 165 CITATION COURT
City-St-Zip: LAKE MARY, FL 32746

Title: S () Delete
Name: STIMSON, BILL
Address: 767 KEENELAND PIKE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOCHRIDGE, SCOTT
Address: 795 KEENELAND PIKE
City-St-Zip: LAKE MARY, FL 32746

Title: VP (X) Change () Addition
Name: COLE, WENDI
Address: 736 KEENELAND PIKE
City-St-Zip: LAKE MARY, FL 32746

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

Title: S (X) Change () Addition
Name: MERGO, NICK
Address: 674 KEENELAND COURT
City-St-Zip: LAKE MARY, FL 32746

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: SCOTT LOCHRIDGE

PRES

03/15/2009

Electronic Signature of Signing Officer or Director

Date