

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 13, 2007**  
**Secretary of State**

DOCUMENT# N08675

**Entity Name:** COUNTRY HILLS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4664 COPPER LANE  
PLANT CITY, FL 33566**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 4172  
PLANT CITY, FL 335634172**New Mailing Address:****FEI Number:** 59-2520273**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LAMBOI, CYNTHIA D  
4664 COPPER LANE  
PLANT CITY, FL 33566 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:** P ( ) Delete  
**Name:** LAMBOI, CYNTHIA D  
**Address:** 4664 COPPER LN  
**City-St-Zip:** PLANT CITY, FL 33566**Title:** VP ( ) Delete  
**Name:** COLE, JESSIE  
**Address:** 4603 CRIMSON COURT  
**City-St-Zip:** PLANT CITY, FL 33566**Title:** T ( ) Delete  
**Name:** HAYS, STEPHEN LEE  
**Address:** 4714 WEST WIND DR  
**City-St-Zip:** PLANT CITY, FL 33566**Title:** SECR ( ) Delete  
**Name:** VELEZ, CATHERINE  
**Address:** 4614 CRIMSON COURT  
**City-St-Zip:** PLANT CITY, FL 33566**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP (X) Change ( ) Addition  
**Name:** COLE, JESSE  
**Address:** 4603 CRIMSON COURT  
**City-St-Zip:** PLANT CITY, FL 33566**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 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: CYNTHIA D LAMBOI

P

07/13/2007

Electronic Signature of Signing Officer or Director

Date