## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08675

FILED Feb 06, 2009 Secretary of State

Entity Name: COUNTRY HILLS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4664 COPPER LANE PLANT CITY, FL 33566 **Current Mailing Address: New Mailing Address:** P.O. BOX 4172 PLANT CITY, FL 335634172 FEI Number: 59-2520273 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FAVORS, CYNTHIA D 4664 COPPER LANE PLANT CITY, FL 33566 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: () Change () Addition () Delete FAVORS, CYNTHIA D Name: Name: 4664 COPPER LN Address: Address: City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: Title: Title: VΡ () Delete (X) Change ( ) Addition Name: COLE, JESSE Name: COLE, JESSE Address: 4603 CRIMSON COURT Address: 4603 CRIMSON COURT City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: PLANT CITY, FL 33566 US Title: () Delete Title: TRE. ( ) Change (X) Addition REED, EDGAR Name: Name: 4620 COUNTRYHILLS COURT NORTH Address: Address: City-St-Zip: City-St-Zip: PLANT CITY, FL 33566 US Title: () Delete Title: SEC. ( ) Change (X) Addition Name: Name: SEITZ, SANDRA L 4601 COPPER LANE Address: Address: City-St-Zip: City-St-Zip: PLANT CITY, FL 33566 US

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. FAVORS **PRES** 02/06/2009