2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N09289

1. Entity Name
COUNTRY VILLAGE MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10471 BECOMING DR. HUDSON, FL 34667-4908 US	10516 PROPER DR. HUDSON, FL 34667-4908 US

01262008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2905207
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, THELMA
10516 PROPER DR.
HUDSON, FL 34667-4908

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000021229
02/19/08-80019-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	TR
NAME	GAFFNEY, DAVID
STREET ADDRESS	17409 WALKING DR.
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	ST
NAME	HALL, THELMA
STREET ADDRESS	10516 PROPER DR.
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	P
NAME	LOFTUS, AMBROSE
STREET ADDRESS	10521 FITTING LN.
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	VP
NAME	DONOGHUE, RICHARD
STREET ADDRESS	10508 PROPER DR.
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	TR
NAME	ROGERS, FRANK
STREET ADDRESS	10524 FITTING LN
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Thelma Hall THELMA HALL 2-6-08 727-505-5312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #