2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N09289

Entity Name: COUNTRY VILLAGE MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10471 BECOMING DR.
HUDSON, FL 346674908 US

New Principal Place of Business:

10516 PROPER DR.
HUDSON, FL 346674908 US

Current Mailing Address:

10516 PROPER DR.
HUDSON, FL 346674908 US

New Mailing Address:

FEI Number: 59-2905207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALL, THELMA
10516 PROPER DR.
HUDSON, FL 346674908 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:	TR	( ) Delete
Name:	GAFFNEY, DAVID	
Address:	17409 WALKING DR.	
City-St-Zip:	HUDSON, FL 34667	
Title:	ST	( ) Delete
Name:	HALL, THELMA	
Address:	10516 PROPER DR.	
City-St-Zip:	HUDSON, FL 34667	
Title:	P	( ) Delete
Name:	LOFTUS, AMBROSE	
Address:	10521 FITTING LN.	
City-St-Zip:	HUDSON, FL 34667	
Title:	VP	( ) Delete
Name:	DONOGHUE, RICHARD	
Address:	10508 PROPER DR.	
City-St-Zip:	HUDSON, FL 34667	
Title:	TR	( ) Delete
Name:	ROGERS, FRANK	
Address:	10524 FITTING LN	
City-St-Zip:	HUDSON, FL 34667	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: THELMA HALL ST 01/15/2009

Electronic Signature of Signing Officer or Director — Date