

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90101 016 ****61.25

DOCUMENT # N09295

1. Entity Name
**COUNTRY HAVEN ON BULLFROG CREEK
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business
**8801 MARC DAVID LN.
GIBSONTON, FL 33534-5131 US**

Mailing Address
**P O BOX 2676
RIVERVIEW, FL 33568-2676 US**

50048986



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2644005

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILBURN, SANDRA
8801 MARC DAVID LN.
GIBSONTON, FL 33534-5131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WILBURN, SANDRA ☐ Delete
STREET ADDRESS 8801 MARC DAVID LN.
CITY-ST-ZIP GIBSONTON, FL 335345131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME BURBACK, VALINDA
STREET ADDRESS 10927 COUNTRY HAVEN DR
CITY-ST-ZIP GIBSONTON, FL 335345131

TITLE SD ☒ Change ☐ Addition
NAME CANDY QUALLS
STREET ADDRESS 10936 COUNTRY HAVEN DR.
CITY-ST-ZIP GIBSONTON FL 33534

TITLE VPD ☐ Delete
NAME TRACY, ROBERT
STREET ADDRESS 10928 COUNTRY HAVEN DR
CITY-ST-ZIP GIBSONTON, FL 335345131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ARDVENGO, CHRISTINE
STREET ADDRESS 4805 MARC DAVID LN.
CITY-ST-ZIP GIBSONTON, FL 335345131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KARPPINEN, GREG
STREET ADDRESS 10934 COUNTRY HAVEN DR
CITY-ST-ZIP GIBSONTON, FL 33534

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DA ☐ Delete
NAME QUALLS, CANDY
STREET ADDRESS 10936 COUNTRY HAVEN DR
CITY-ST-ZIP GIBSONTON, FL 33534

TITLE DA ☒ Change ☐ Addition
NAME LISA KILL
STREET ADDRESS 8801 FAURESS LN
CITY-ST-ZIP GIBSONTON FL 33534

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Christine A R Dueno* *Christine Dueno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05 813-677-2548

Date

Daytime Phone #