

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90021 043 ****61.25

DOCUMENT # N16937 1. Entity Name COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INCORPORATED					
Principal Place of Business MIKE PHELPS 1124 ESSEN AVE. N.W. PALM BAY, FL 32907 US			Mailing Address C. E. H. A. P.O. BOX 110058 PALM BAY, FL 32911 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHELPS, DEBBIE 1124 ESSEN AVE. N.W. PALM BAY, FL 32907			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	T PHELPS, DEBBIE 1124 ESSEN AVE. N.W. PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Beatty 350 Stendal Rd. NW Palm Bay, FL 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMERON, BONNIE 204 BANKS ST PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rose Kaufman 1163 Itzehoe Ave. NW. Palm Bay, FL 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDA, JOHN 1286 STADT RD PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEIGER, LUZETTE 810 LYNBROOK NW PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio	
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: <i>Debbie Phelps</i>			1/29/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		