

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17284

FILED  
Aug 06, 2007  
Secretary of State

Entity Name: COUNTRY HOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4761 S.W. 57TH AVE  
DAVIE, FL 33314 US

**New Principal Place of Business:**

4760 S.W. 57TH AVE  
DAVIE, FL 33314 US

**Current Mailing Address:**

4761 S.W. 57TH AVE  
DAVIE, FL 33314 US

**New Mailing Address:**

4770 S.W. 57TH TER  
DAVIE, FL 33314 US

FEI Number: 65-0150494      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

EARNEST, MARY  
6800-B GRIFFIN RD.  
DAVIE, FL 33314 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: PD ( ) Delete  
Name: FREIDER, MARC  
Address: 4760 S.W. 57TH AVE  
City-St-Zip: DAVIE, FL 33314

Title: VPD ( ) Delete  
Name: FERRANTE, MICHAEL  
Address: 4721 S.W. 57TH AVE  
City-St-Zip: DAVIE, FL 33314

Title: SD ( ) Delete  
Name: BURNS, OLGA  
Address: 4770 S.W. 57TH AVE  
City-St-Zip: DAVIE, FL 33314

**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:

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: OLGA BURNS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SEC

08/06/2007

\_\_\_\_\_  
Date