2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22425

FILED Apr 16, 2007 Secretary of State

Entity Name: COUNTRY RUN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 W. STATE ROAD 434, SUITE 5000 LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

2180 W. STATE ROAD 434, SUITE 5000 LONGWOOD, FL 32779

FEI Number: 59-2997090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART JR., JAMES W SENTRY MANAGEMENT, INC 2180 W. STATE RD. 434, SUITE 5000 LONGWOOD, FL 32779 US

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:

Title:

Electronic Signature of Registered Agent Date

Title:

STD

OFFICERS AND DIRECTORS:

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition KIESOW, GERALD BAKER, MICHAEL Name: Name: 8177 CLOVERGLEN CIR Address: 8064 CLOVERGLEN CIR Address:

City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818

(X) Change () Addition VAN LANGEVELD, ANGEL Name: BOLAND, JOYCE Name: Address: 8183 CLOVERGLEN CIR Address: 8082 BEECHDALE DR City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818

Title: STD () Delete Title: **VPD** (X) Change () Addition

DIEZ, GUY DIEZ, GUY Name: Name:

8040 CLOVERGLEN CIR 8040 CLOVERGLEN CIR Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32818

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL BAKER PD 04/16/2007