

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22570

FILED
Mar 30, 2005
Secretary of State

Entity Name: COUNTRY RIDGE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

17345 SW 267 LN.
HOMESTEAD, FL 33031 US

New Principal Place of Business:

Current Mailing Address:

17345 SW 267 LN.
HOMESTEAD, FL 33031 US

New Mailing Address:

FEI Number: 65-0059699 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MURPHY, RICHARD
17345 SW 267 LANE
HOMESTEAD, FL 33031 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: S () Delete
Name: WOODWARD, MARIE
Address: 26441 SW 173 COURT
City-St-Zip: HOMESTEAD, FL 33031

Title: VP () Delete
Name: ESPINEIRA, MARIO
Address: 26650 SW 174 PLACE
City-St-Zip: HOMESTEAD, FL 33031

Title: P () Delete
Name: MURPHY, RICHARD
Address: 17345 S.W. 264 TERRACE
City-St-Zip: HOMESTEAD, FL 33031

Title: T () Delete
Name: REID, DONNA
Address: 17351 SW 267 LN.
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: CANNON, JOHN
Address: 26515 S.W. 173 COURT
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: MURPHY, KATHLEEN
Address: 17345 S.W. 264 TERRACE
City-St-Zip: HOMESTEAD, FL 33031

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
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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 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 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: DONNA REID

T

03/30/2005

Electronic Signature of Signing Officer or Director

_____ Date