

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22570

FILED  
Feb 10, 2009  
Secretary of State

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

**Current Principal Place of Business:**

26651 SW 173 CT  
HOMESTEAD, FL 33031 US

**New Principal Place of Business:**

**Current Mailing Address:**

26651 SW 173 CT  
HOMESTEAD, FL 33031 US

**New Mailing Address:**

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

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

SPINELLA, KATHY  
17393 SW 266 TERR  
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: P ( ) Delete  
Name: SPINELLA, KATHY  
Address: 17393 SW 266 TERR  
City-St-Zip: HOMESTEAD, FL 33031

Title: VP ( ) Delete  
Name: PADRON, IVETTE  
Address: 17444 SW 267 LN  
City-St-Zip: HOMESTEAD, FL 33031

Title: S ( ) Delete  
Name: JORDAN, DEBORAH  
Address: 26501 SW 173 CT  
City-St-Zip: HOMESTEAD, FL 33031

Title: T ( ) Delete  
Name: PAULIN, GARY  
Address: 26651 SW 173 CT  
City-St-Zip: HOMESTEAD, FL 33031

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

Title: D (X) Delete  
Name: MURPHY, RICK  
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: VP (X) Change ( ) Addition  
Name: LOFTON, ROBERT  
Address: 26520 SW 173 PL  
City-St-Zip: HOMESTEAD, FL 33031

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  
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: GARY M. PAULIN

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

T

02/10/2009

\_\_\_\_\_  
Date