

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28629

FILED
Jan 15, 2009
Secretary of State

Entity Name: COUNTRYGATE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4504 COUNTRY GATE CT
VALRICO, FL 33594 US

New Principal Place of Business:

4504 COUNTRY GATE CT
VALRICO, FL 33596 US

Current Mailing Address:

4504 COUNTRY GATE CT
VALRICO, FL 33594 US

New Mailing Address:

4504 COUNTRY GATE CT
VALRICO, FL 33596 US

FEI Number: 59-2913336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILMORE, RICARDO L.
610 HORATIO STREET
TAMPA, FL 33606 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: SCHALLER, PAUL
Address: 4502 COUNTRY GATE CT
City-St-Zip: VALRICO, FL 33594

Title: V () Delete
Name: MCCLURE, MARLENA
Address: 4507 COUNTRY GATE CT
City-St-Zip: VALRICO, FL 33594

Title: DST () Delete
Name: BEARISON, KIM,
Address: 4504 COUNTRY GATE CT
City-St-Zip: VALRICO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHALLER, PAUL
Address: 4502 COUNTRY GATE CT
City-St-Zip: VALRICO, FL 33596

Title: V (X) Change () Addition
Name: MCCLURE, MARLENA
Address: 4507 COUNTRY GATE CT
City-St-Zip: VALRICO, FL 33596

Title: DST (X) Change () Addition
Name: BEARISON, KIM,
Address: 4504 COUNTRY GATE CT
City-St-Zip: VALRICO, FL 33596

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: KIM BEARISON

DST

01/15/2009

Electronic Signature of Signing Officer or Director

Date