2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33968

FILED Jan 14, 2010 Secretary of State

Entity Name: COUNTRY LANDING HOMEOWNERS' ASSOCIATION, INC.

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

2180 WEST SR 434 107 N. LINE DR

SUITE 5000 APOPKA, FL 32703 US LONGWOOD, FL 32779 US

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 107 N. LINE DR.

SUITE 5000 APOPKA, FL 32703 US

LONGWOOD, FL 32779 US

FEI Number: 59-2965483 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:

SUTHERLAND, THERESA D 107 N. LINE DR. APOPKA, FL 32703 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: THERESA D SUTHERLAND 01/14/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: REILLY, TABATHYA
Address: 1481 COUNTRY VILLA CT.
City-St-Zip: APOPKA, FL 32703

Title: DVP

Name: WILKINS, MIKE
Address: 1566 COUNTRY CT.
City-St-Zip: APOPKA, FL 32703

Title: DS

 Name:
 BOHLI, PAUL

 Address:
 P.O. BOX 608052

 City-St-Zip:
 APOPKA, FL 32850

Title: DT

Name: MELLUSI, JOHN JR.

Address: 1731 COUNTRY TERRACE LANE

City-St-Zip: APOPKA, FL 32703

Title:

Name: TALBERT, SUNNY DAY
Address: 292 LAKE DOE BLVD.
City-St-Zip: APOPKA, FL 32703

Title: [

Name: BADEAUX, TROY
Address: 310 LAKE DOE BLVD.
City-St-Zip: APOPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: TABATHYA PORTER REILLY DP 01/14/2010