

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N92000000273	
1. Entity Name COUNTRY HAVEN HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 2189 CLEVELAND STREET STE 225 CLEARWATER FL 33765 US	Mailing Address 2189 CLEVELAND STREET STE 225 CLEARWATER FL 33765 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E037 (10/07)
4. FEI Number 59-3167382	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEIGHTON, LENNARD A 2189 CLEVELAND STREET STE 225 CLEARWATER FL 33765

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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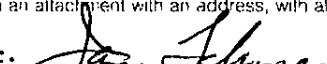
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (Signature, typed or printed name of registered agent and title of applicant.) (NOTE: Registered Agent signature is required when registering.)
DATE _____

FILE NOW. FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCORMICK, BILL 5956 107TH TERR N PINELLAS PARK FL 33782 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEHMANN, JAMES P 5885 107TH TERRACE N PINELLAS PARK FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CIMARIK, MICHAEL 5800 106TH TERRACE PINELLAS PARK FL 33782 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWRY, JERRY 5979 106TH TERR PINELLAS PARK FL 33782 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTWRIGHT, JULIE 10725 58TH LANE PINELLAS PARK FL 33782 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000822155 02/19/08-80055-023 61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE:  JAMES LEHMANN 2/11/08 727-547-1278
