

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000273

FILED
Jan 30, 2009
Secretary of State

Entity Name: COUNTRY HAVEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2189 CLEVELAND STREET
STE 225
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

2189 CLEVELAND STREET
STE 225
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-3167382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
2189 CLEVELAND STREET
STE 225
CLEARWATER, FL 33765 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: DP () Delete
Name: MCCORMICK, BILL
Address: 5956 107TH TERR N
City-St-Zip: PINELLAS PARK, FL 33782

Title: STD () Delete
Name: LEHMANN, JAMES P
Address: 5885 107TH TERRACE N
City-St-Zip: PINELLAS PARK, FL

Title: VPD () Delete
Name: CIMARIK, MICHAEL
Address: 5800 106TH TERRACE
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: LOWRY, JERRY
Address: 5979 106TH TERR
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: CARTWRIGHT, JULIE
Address: 10725 58TH LANE
City-St-Zip: PINELLAS PARK, FL 33782

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
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: BILL MCCORMICK

P

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date