

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000819

FILED
Mar 03, 2005
Secretary of State

Entity Name: COUNTRY RUN COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3173251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART JR., JAMES W
2180 W. SR 434
STE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: GREEN, DAN
Address: 8403 S PARK CIR STE 670
City-St-Zip: ORLANDO, FL 32819

Title: VPD () Delete
Name: FALCK, MARK
Address: 8403 S PARK CIR STE 670
City-St-Zip: ORLANDO, FL 32819

Title: STD () Delete
Name: CALL, MATT
Address: 8403 S PARK CIR STE 670
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARNES, WILLIE
Address: 4426 MALVERN HILL DR
City-St-Zip: ORLANDO, FL 32818

Title: VPD (X) Change () Addition
Name: BERG, GILBERT
Address: 7906 DRESSAGE DR
City-St-Zip: ORLANDO, FL 32818

Title: STD (X) Change () Addition
Name: BERG, KATHLEEN
Address: 7906 DRESSAGE DR
City-St-Zip: ORLANDO, FL 32818

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIE BARNES

PD

03/03/2005

Electronic Signature of Signing Officer or Director

Date