

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000002931					
1. Entity Name COUNTRY CROSSING PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2334 MILES CT. LAKELAND, FL 33813 US			Mailing Address P.O. BOX 344 HIGHLAND CITY, FL 33846 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3366630	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYCRAFT, RONALD A 5336 MARYKNOLL CT. LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD NAME CALCUTT, KIMBERLY STREET ADDRESS 2302 MILES CT. CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition UN0000186061 01/21/05-80043-003 61.25	
TITLE VPD NAME ADRIAN, RICHARD STREET ADDRESS 2398 MILES CT. CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME REYCRAFT, RONALD A STREET ADDRESS 2334 MILES CT. CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME AYRIS, KATHY STREET ADDRESS 2326 MILES CT. CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME JEFFREY, CALCUTT STREET ADDRESS 2302 MILES CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HOWELL, LARRY G STREET ADDRESS 2309 MILES CT. CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE: RONALD REYCRAFT				1/18/05 863-644-9087 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					