

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002931

FILED
Jan 13, 2006
Secretary of State

Entity Name: COUNTRY CROSSING PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2334 MILES CT.
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 344
HIGHLAND CITY, FL 33846 US

New Mailing Address:

FEI Number: 59-3366630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYCRAFT, RONALD A
5336 MARYKNOLL CT.
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

REYCRAFT, RONALD A
2334 MILES CT.
LAKELAND, FL 33813 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:

01/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CALCUTT, KIMBERLY
Address: 2302 MILES CT.
City-St-Zip: LAKELAND, FL 33813

Title: VPD () Delete
Name: ADRIAN, RICHARD
Address: 2398 MILES CT.
City-St-Zip: LAKELAND, FL 33813

Title: TD () Delete
Name: REYCRAFT, RONALD A
Address: 2334 MILES CT.
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: AYRIS, KATHY
Address: 2326 MILES CT.
City-St-Zip: LAKELAND, FL 33813

Title: PD () Delete
Name: JEFFREY, CALCUTT
Address: 2302 MILES
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: HOWELL, LARRY G
Address: 2309 MILES CT.
City-St-Zip: LAKELAND, FL 33813

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
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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 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: RONALD A. REYCRAFT

TD

01/13/2006

Electronic Signature of Signing Officer or Director

Date