

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002931

FILED
Apr 30, 2009
Secretary of State

Entity Name: COUNTRY CROSSING PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2375 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:

OXFORD, MICHAEL
2375 MILES CT.
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

MAFFETT, MARK
2346 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: MARK MAFFETT

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: TOWNLEY, MATTHEW
Address: 2330 MILES CT
City-St-Zip: LAKELAND, FL 33812

Title: PD () Delete
Name: OXFORD, MICHAEL
Address: 2275 MILES CT
City-St-Zip: LAKELAND, FL 33812

Title: VPD () Delete
Name: HOWELL, LARRY G
Address: 2309 MILES CT.
City-St-Zip: LAKELAND, FL 33812

Title: TD () Delete
Name: MAFFET, MARK
Address: 2346 MILES CT
City-St-Zip: LAKELAND, FL 33812

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:

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: MARK MAFFETT

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date