
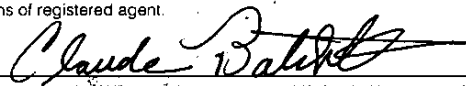
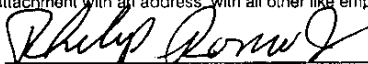


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90028 043 ****61.25

DOCUMENT # N95000005976					
1. Entity Name COTEE RIVER PARK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5611 OAK RIDGE AVE NEW PORT RICHEY, FL 34652			Mailing Address 5611 OAK RIDGE AVE NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3369378	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHALK, JOSEPH A 5611 OAK RIDGE AVE NEW PORT RICHEY, FL 34652				Name CLAUDE BATCHLER	
				Street Address (P.O. Box Number is Not Acceptable) 5630 Louisiana Ave.	
				City New Port Richey, Fl. 34652	
				City New Port Richey FL Zip Code 34652	
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: 				DATE: 3-8-07	
Signature, typed or printed name of registered agent and title if applicable. Claude Batchler				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input checked="" type="checkbox"/> Delete		TITLE	PHILIP RONCO PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHALK, JOSEPH A.			NAME	5643 Riverview Drive
STREET ADDRESS	5611 OAK RIDGE AVE			STREET ADDRESS	New Port Richey, Fl. 34652
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP	
TITLE	FVPD	<input type="checkbox"/> Delete		TITLE	CLAUDE BATCHLER FVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONCO, PHILIP			NAME	5630 Louisiana Ave.
STREET ADDRESS	5703 RIVERVIEW DR.			STREET ADDRESS	New Port Richey, Fl. 34652
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	JANET BASSETT SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSETT, JANET			NAME	5702 Oak Ridge Ave.
STREET ADDRESS	5702 OAK RIDGE AVENUE			STREET ADDRESS	New Port Richey, Fl. 34652
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP	
TITLE	SVPD	<input type="checkbox"/> Delete		TITLE	STEPHEN ACQUARD SVPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATCHELER, CLAUDE			NAME	5655 Riverview Drive
STREET ADDRESS	5630 LOUISIANA AVENUE			STREET ADDRESS	New Port Richey, Fl. 34652
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	WANDA DUFF D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, THOMAS			NAME	5704 Oak Ridge Ave.
STREET ADDRESS	5706 OAK RIDGE AVENUE			STREET ADDRESS	New Port Richey, Fl. 34652
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				Date: 3-8-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 845-4102	

40035432



01042007 Chg-NP CR2E037 (12/06)