

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 18, 2008
Secretary of State**

DOCUMENT# N95000005976

Entity Name: COTEE RIVER PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5611 OAK RIDGE AVE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5611 OAK RIDGE AVE
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3369378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATCHLER, CLAUDE
5630 LOUISIANA AVE.
NEW PORT RICHEY, FL 34652 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: RONCO, PHILIP
Address: 5703 RIVERVIEW DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD () Delete
Name: BASSETT, JANET
Address: 5702 OAK RIDGE AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: FVPD () Delete
Name: BATCHELER, CLAUDE
Address: 5630 LOUISIANA AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: DUFF, WANDA
Address: 5704 OAK RIDGE AVE.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SVPD () Delete
Name: ACQUARD, STEPHEN
Address: 5655 RIVERVIEW DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RONCO, PHILIP JR.
Address: 5703 RIVERVIEW DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

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: CLAUDE BATCHLER

FVPD

01/18/2008

Electronic Signature of Signing Officer or Director

_____ Date