2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005976

FILED Jan 18, 2008 Secretary of State

Entity Name: COTEE RIVER PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5611 OAK RIDGE AVE NEW PORT RICHEY, FL 34652 **Current Mailing Address: New Mailing Address:** 5611 OAK RIDGE AVE NEW PORT RICHEY, FL 34652 FEI Number: 59-3369378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BATCHLER, CLAUDE 5630 LOUISÍANA AVE. NEW PORT RICHEY, FL 34652 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RONCO, PHILIP RONCO, PHILIP JR. Name: Name: 5703 RIVERVIEW DR. Address: 5703 RIVERVIEW DR. Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34652 Title: SD () Delete Title: () Change () Addition BASSETT, JANET Name: Name: Address: 5702 OAK RIDGE AVENUE Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: Title: **FVPD** () Delete Title: () Change () Addition BATCHELER, CLAUDE Name: Name: 5630 LOUISIANA AVENUE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DUFF, WANDA Name: 5704 OAK RIDGE AVE. Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: Title: SVPD () Delete Title: () Change () Addition ACQUARD, STEPHEN Name: Name: 5655 RIVERVIEW DR. Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34652 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