

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005976

FILED  
Mar 17, 2009  
Secretary of State

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:

5901 US 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652

## Current Mailing Address:

5611 OAK RIDGE AVE  
NEW PORT RICHEY, FL 34652

## New Mailing Address:

5901 US 19  
SUITE 7 Q  
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:

BATCHLER, CLAUDE  
5630 LOUISIANA AVE.  
NEW PORT RICHEY, FL 34652 US

## Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US 19  
SUITE 7Q  
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: MARY WHITE

03/17/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RONCO, PHILIP JR.  
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: ( ) 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:

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: MARY WHITE

AGEN

03/17/2009

Electronic Signature of Signing Officer or Director

Date