

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N97000000316**

**1. Entity Name  
COUNTRY HILLS ESTATES HOMEOWNERS'  
ASSOCIATION, INC.**



**Principal Place of Business**

**36725 FRAZEE HILL RD.  
DADE CITY, FL 33523**

**Mailing Address**

**36725 FRAZEE HILL RD.  
DADE CITY, FL 33523**



01112005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**59-3515407**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**TUTTLE, SHEREE  
36749 FRAZEE HILL RD.  
DADE CITY, FL 33523**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

**DATE**

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.**



**\$5.00 May Be  
Added to Fees**

**U000000336947  
04/27/05-80148-003 61.25**

**10. OFFICERS AND DIRECTORS**

**TITLE D  
NAME TUTTLE, SHEREE  
STREET ADDRESS 36749 FRAZEE HILL RD.  
CITY-ST-ZIP DADE CITY, FL 33523**

**TITLE D  
NAME CHESSER, JOHN B JR  
STREET ADDRESS 36725 FRAZEE HILL RD.  
CITY-ST-ZIP DADE CITY, FL 33523**

**TITLE D  
NAME TUTTLE, DAVID S  
STREET ADDRESS 36749 FRAZEE HILL RD.  
CITY-ST-ZIP DADE CITY, FL 33523**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-25-2005**

**813-312-1817**