


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90075 032 ****70.00

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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

40107613




05032007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3515407	Applied For <input type="checkbox"/> Not Applicable
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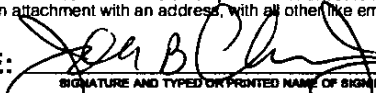
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TUTTLE, SHEREE 36749 FRAZEE HILL RD. DADE CITY, FL 33523	7. Name and Address of New Registered Agent Name JOHN B. CHESSEY JR Street Address (P.O. Box Number is Not Acceptable) 36725 FRAZEE HILL RD City DADE CITY FL Zip Code 33523
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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 	JOHN B. CHESSEY JR	DATE 5-3-07

Filing Fee is \$61.25 Due by September 14, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUTTLE, SHEREE 36749 FRAZEE HILL RD. DADE CITY, FL 33523 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / President HEATHER CROWE 36831 OPEN COUNTRY LN DADE CITY, FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESSEY, JOHN B JR 36725 FRAZEE HILL RD. DADE CITY, FL 33523 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUTTLE, DAVID S 36749 FRAZEE HILL RD. DADE CITY, FL 33523 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TERENA JONES 36735 OPEN COUNTRY LN. DADE CITY, FL 33523 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	JOHN B. CHESSEY JR 5-3-07 813-312-1817