2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N97000000316



FILED Feb 25, 2008 8:00 am Secretary of State

COUNTRY HILLS ESTATES HOMEOWNERS' ASSOCIATION, INC.								02-2	25-2008	90045	044 ****6	51.25	
Principal Plac 36725 FRAZ DADE CITY, F			3672	Address 5 FRAZEE HILL RI CITY, FL 33523	D.	L <u></u> .		l arma n	12 (6))) 1 2 (1)			ORTOO ETTE I LIETE O	en n ar
2. Principal P	Place of Busine	ss - No P.O. Box #	3. Mail	ng Address									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01312008	Chg-l	NP	CR2E	037 (12/06)	
City & Stat	te		City	& State				4. FEI Numb 59-351	er 15407			1	oplied For ot Applicable
Zip		Country	Zip		Соц	untry		5. Certificate	e of Status	3 Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current Registers								d Addres	s of New F	Registered	Agent	
CHECCE		10				Name							
36725 FR/	R, JOHN B J AZEE HIU F Y, FL 3352	RD			Street Address (P.O. Box Number is Not Acceptable) Rd								
						City	· · · · · · · · ·			- · ·	F	Zip Coo	le
	named entity tions of register	submits this statement for red agent.	or the purpo	ose of changing its	register	ed office or	registere	ed agent, or bo	oth, in the	State of FI	lorida. I an	n familiar with	, and accept
SIGNATURE .													
	Signature, typed or	r printed name of registered agent	t and title d appl	icable. (NOTE	: Regutere	d Agent signes	ure receared	when remetating)			DATE		
		is \$61.25	t and title d appl	9. Election Can Trust Fund C	npaign F	Inancing		\$5.00 May to Added to Fees	Ве		Make che	ck payable t	
10.	Filing Fee	is \$61.25		9. Election Can	npaign F	inancing ion.		\$5.00 May I Added to Fees	ANGES	Flo	Make che rida Dep	ck payable t	tate
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12. Thereby certify that the information supplied with this filling 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 817, 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:

WITHER AND TYPED OR PREVIOUS NAME OF SIGN JOHN B. CHECGET NG OFFICER OR DIRECTOR

813-312-181

Daytime Phone #