

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000780

FILED
Apr 28, 2009
Secretary of State

Entity Name: COUNTRY RIDGE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3931 SW 47TH AVE
SUITE 104
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

3931 SW 47TH AVE
SUITE 104
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0745444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLORP, KIM
3931 SW 47TH AVE
SUITE 104
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

SLORP, KIMBERLY A TSD
3931 SW 47TH AVE
SUITE 104
DAVIE, FL 33314 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: KIMBERLY SLORP

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: MENDEZ, KEVIN
Address: 2360 S.W. 106TH TERRACE
City-St-Zip: DAVIE, FL 33324 US

Title: VP,D () Delete
Name: DEEB, GEORGE
Address: 2330 S.W. 106TH TERRACE
City-St-Zip: DAVIE, FL 33324 US

Title: S,D () Delete
Name: LOPEZ, CARLOS
Address: 2372 S.W. 112TH WAY
City-St-Zip: DAVIE, FL 33325 US

Title: T,D (X) Delete
Name: SLORP, KIMBERLY
Address: 3931 S.W. 47TH AVENUE, #104
City-St-Zip: DAVIE, FL 33314 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S,TD (X) Change () Addition
Name: SLORP, KIMBERLY
Address: 2390 S.W. 106TH TERRACE
City-St-Zip: DAVIE, FL 33324 US

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: KIMBERLY SLORP

TSD

04/28/2009

Electronic Signature of Signing Officer or Director

Date