


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000001504 1. Entity Name COUNTRY CLASS MEADOWS HOME OWNERS ASSOCIATION, INC.	
---	---

Principal Place of Business 1395 COUNTRY OAKS LANE LAKE LAND, FL 33810	Mailing Address 1395 COUNTRY OAKS LANE LAKE LAND, FL 33810
--	--

DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STEWART, CAROLYN A
1395 COUNTRY OAKS LANE
LAKE LAND, FL 33810

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, DON H 1395 COUNTRY OAKS LANE LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, MAURICIO 1140 COUNTRY OAKS LANE LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAMBLESS, DEBBIE 1255 COUNTRY OAKS LANE LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S METTLING, APRIL 1205 COUNTRY OAKS LANE LAKE LAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000202743
01/29/05-80003-008 61.25

**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: Debbie Chambliss 1/26/05 863-680-1751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #