

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001504

FILED
Jan 23, 2009
Secretary of State

Entity Name: COUNTRY CLASS MEADOWS HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1255 COUNTRY OAKS LN
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

1255 COUNTRY OAKS LN
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 54-2184514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBLESS, DEBBIE
1255 COUNTRY OAKS LANE
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASSEL, KEN
Address: 511 EAGLES NEST DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: VP () Delete
Name: HAGINS, MICHAEL
Address: 1346 TUAKEY TRAIL
City-St-Zip: LAKELAND, FL 33810

Title: TD () Delete
Name: CHAMBLESS, DEBBIE
Address: 1255 COUNTRY OAKS LANE
City-St-Zip: LAKELAND, FL 33810

Title: S () Delete
Name: METTLING, APRIL
Address: 1205 COUNTRY OAKS LANE
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DEBBIE CHAMBLESS

TRES

01/23/2009

Electronic Signature of Signing Officer or Director

Date