

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001505

FILED
Mar 18, 2008
Secretary of State

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

Current Principal Place of Business:

825 GIANT OAK ROAD
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

825 GIANT OAK ROAD
LAKELAND, FL 33810

New Mailing Address:

825 GIANT OAK ROAD
LAKELAND, FL 33810

FEI Number: 59-3572419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMMONS, ROSEMARY
825 GIANT OAK ROAD
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: STD () Delete
Name: CLEMMONS, ROSEMARY
Address: 825 GIANT OAK ROAD
City-St-Zip: LAKELAND, FL 33810

Title: PD () Delete
Name: FISHER, JOE
Address: 855 GIANT OAK ROAD
City-St-Zip: LAKELAND, FL 33810

Title: VD () Delete
Name: FULKS, JACK
Address: 905 GIANT OAK RD
City-St-Zip: LAKELAND, FL 33810

Title: BDIR () Delete
Name: LEONARD, LAVERNE
Address: 805 GIANT OAK ROAD
City-St-Zip: LAKELAND, FL 33810

Title: BDIR () Delete
Name: BROWN, PATTI
Address: 815 GIANT OAK ROAD
City-St-Zip: LAKELAND, FL 33810

Title: BDIR () Delete
Name: TESTON, FRED
Address: 940 GIANT OAK ROAD
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:

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: ROSEMARY CLEMMONS

STD

03/18/2008

Electronic Signature of Signing Officer or Director

Date