2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State
07-19-2006 90007 023 ****61.25

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1. Entity Name
COUNTRY CROSSINGS AT SPRING RIDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~2338 CERBERUS DRIVE~~ ~~APOPKA, FL 32712~~	~~2338 CERBERUS DRIVE~~ ~~APOPKA, FL 32712~~

07102006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
c/o Hara Management, Inc.	c/o Hara Management, Inc
Suite, Apt. #, etc. 118 N. Wymore Rd	Suite, Apt. #, etc. 118 N. Wymore Rd
City & State Winter Park, FL	City & State Winter Park, FL
Zip / Country 32789 / Orange	Zip / Country 32789 / Orange

4. FEI Number
59-3612584
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARA, ROBERT ~~CENTRY MANAGEMENT INC~~ ~~2180 W. SR 434, STE. 5000~~ ~~LONGWOOD, FL 32779~~	Name: Hara, Robert Street Address (P.O. Box Number is Not Acceptable): Hara Management, Inc. 118 N. Wymore Rd City: Winter Park FL Zip Code: 32789

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: X [signature] X 7-10-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILSON, JERRY D 2338 CERBERUS DR APOPKA, FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Kenneth L. Parker 865 Grand Sayan Loop Apopka, FL 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEWIS, TERRANCE 2343 CERBERUS DR APOPKA, FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S/D Jimmy L. Knaub 2346 Cerberus Dr. Apopka, FL 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BIRD, BARBARA A 2441 CERBERUS DR APOPKA, FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Terrance Lewis 2343 Cerberus Dr Apopka, FL 32712	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RITTHALER, PAULINE M 2230 CARAQUET DR APOPKA, FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEMAN, DOUG 916 KHINGAN CT APOPKA, FL 32712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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: X [signature] X 7-10-2006 X 407-629-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #