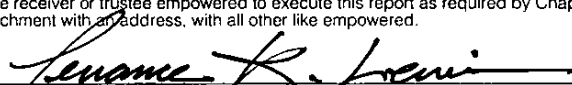


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90025 005 \*\*\*\*61.25

<b>DOCUMENT # N98000005575</b>					
<b>1. Entity Name</b> COUNTRY CROSSINGS AT SPRING RIDGE PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> C.O HARA MGMT, INC. 118 NORTH WYMORE RD WINTER PARK, FL 32789			<b>Mailing Address</b> C.O HARA MGMT, INC. 118 NORTH WYMORE RD WINTER PARK, FL 32789		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. 931 S. Semoran Blvd #214		Suite, Apt. #, etc. 931 S. Semoran Blvd #214			
City & State Winter Park, FL		City & State Winter Park, FL			
Zip 32792		Zip 32792		Country	
<b>4. FEI Number</b> 59-3612584					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  HARA, ROBERT HARA MGMT, INC. 118 NORTH WYMORE RD WINTER PARK, FL 32789			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  931 S. Semoran Blvd #214 City Winter Park FL Zip Code 32792		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS, JEFF 2335 CERBERUS DR APOPKA, FL 32712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS STARBIRD, SHAWN 2346 CERBERUS DR APOPKA, FL 32712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, TERRANCE 2343 CERBERUS DR APOPKA, FL 32712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> 				4/24/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	