

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:24

**DOCUMENT # N11400 (1)**  
1. Corporation Name  
**COUNTRY WOODS HOMEOWNERS ASSOCIATION OF DUNEDIN, INC.**

Principal Place of Business Mailing Address  
C/O STEVE HOUSE P.O. BOX 533  
1460 CHUKAR RIDGE PALM HARBOUR FL 34682  
PALM HARBOR FL 34683 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/02/1985** 3a. Date of Last Report **05/17/1994**  
4. FEI Number **59-2912007** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country Zip 29 Country 30

9. Name and Address of Current Registered Agent

HOUSE, STEVE  
1460 CHUKAR RIDGE  
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSE, STEVE	1.2 NAME	
STREET ADDRESS	1460 CHUKAR RIDGE	1.3 STREET ADDRESS	Same
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVACH, KAREN	2.2 NAME	
STREET ADDRESS	2883 OWL	2.3 STREET ADDRESS	Same
CITY-ST-ZIP	PALM HARBOUR FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, WILLIAM W.	3.2 NAME	Director
STREET ADDRESS	2698 BEGALE PATH	3.3 STREET ADDRESS	HARPHAM, James
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	2813 Pheasant Dr. Palm Harbor, Fla.
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILEY, PETER	4.2 NAME	Vice-President
STREET ADDRESS	1440 WETHERINGTON WAY	4.3 STREET ADDRESS	Zeglin, John
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	2617 Begale Path Way Palm Harbor, Fla.
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDEN, PEGGY	5.2 NAME	
STREET ADDRESS	2883 PHEASANT DR.	5.3 STREET ADDRESS	Same
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSE, STEPHANIE	6.2 NAME	Director
STREET ADDRESS	1460 CHUKAR RIDGE	6.3 STREET ADDRESS	Farley, John
CITY-ST-ZIP	PALM HARBOUR FL	6.4 CITY-ST-ZIP	2619 Begale Path Way Palm Harbor, Fla.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 3.10.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peggy Harden PEGGY HARDEN 2/3/95 1-813-734-4444  
Treasurer