

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N11400 (1)**

1. Corporation Name
COUNTRY WOODS HOMEOWNERS ASSOCIATION OF DUNEDIN, INC.



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

3. Date Incorporated or Qualified: **10/02/1985**
3a. Date of Last Report: **02/13/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 C/O Mary Bandes	26 Same as above	59-2912007	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 1529 Chukar Ridge	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 Palm Harbor, Fl	28		
Zip	Country		
24 34683	25		
	29		
	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOUSE, STEVE 1460 CHUKAR RIDGE PALM HARBOR FL 34683	81 Name Mary Bandes
	82 Street Address (P.O. Box Number is Not Acceptable) 1529 Chukar Ridge
	83
	84 City Palm Harbor
	85 Zip Code FL 34683

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Mary Bandes **MARY BANDES** DATE: **1-24-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSE, STEVE	1.2 NAME	Mary Bandes
STREET ADDRESS	1460 CHUKAR RIDGE	1.3 STREET ADDRESS	1529 Chukar Ridge
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Palm Harbor, Fl
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOVACH, KAREN	2.2 NAME	Amy Rotz
STREET ADDRESS	2883 OWL	2.3 STREET ADDRESS	1479 Chukar Ridge
CITY-ST-ZIP	PALM HARBOUR FL	2.4 CITY-ST-ZIP	Palm Harbor, Fl
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPHAM, JAMES	3.2 NAME	
STREET ADDRESS	2813 PHEASANT DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEGLIN, JOHN	4.2 NAME	James Harpham
STREET ADDRESS	2617 BEAGLE PATH WAY	4.3 STREET ADDRESS	2813 Pheasant Drive
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	Palm Harbor, Fl
TITLE	T <input type="checkbox"/> DELETE	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	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARLEY, JOHN	6.2 NAME	
STREET ADDRESS	2649 BEAGLE PATH WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOUR FL	6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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** DATE: **1/24/96** 813-442-7546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TRES. Daytime Phone #

CR2E037 (12/95)