

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11400 (1)**  
1. Corporation Name  
**COUNTRY WOODS HOMEOWNERS ASSOCIATION OF DUNEDIN, INC.**



Principal Place of Business <b>C/O MARY BANDES 1529 CHUKR RIDGE PALM HARBOUR FL 34683 US</b>	Mailing Address <b>P.O. BOX 533 PALM HARBOUR FL 34682-0533 US</b>
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3. Date Incorporated or Qualified <b>10/02/1985</b>	3a. Date of Last Report <b>01/31/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip
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4. FEI Number <b>59-2912007</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BANDES, MARY  
1529 CHUKAR RIDGE  
PALM HARBOUR 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 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, President** DATE **1/29/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BANDES, MARY</b>
STREET ADDRESS	<b>1529 CHUKAR RIDGE</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>ROTZ, AMY</b>
STREET ADDRESS	<b>1479 CHUKAR RIDGE</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HARPHAM, JAMES</b>
STREET ADDRESS	<b>2813 PHEASANT DR.</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HARPHAM, JAMES</b>
STREET ADDRESS	<b>2813 PHEASANT DRIVE</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>HARDEN, PEGGY</b>
STREET ADDRESS	<b>2883 PHEASANT DR.</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FARLEY, JOHN</b>
STREET ADDRESS	<b>2649 BEAGLE PATH WAY</b>
CITY-ST-ZIP	<b>PALM HARBOUR FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Ciletti, Vincent</b>
3.3 STREET ADDRESS	<b>2869 Country Woods Lane</b>
3.4 CITY-ST-ZIP	<b>Palm Harbor, FL</b>
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Shettle, Scott</b>
4.3 STREET ADDRESS	<b>2841 Country Woods Lane</b>
4.4 CITY-ST-ZIP	<b>Palm Harbor, FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Fields, John</b>
6.3 STREET ADDRESS	<b>2842 Pheasant Drive</b>
6.4 CITY-ST-ZIP	<b>Palm Harbor, FL</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 J. Harden** *Peggy J. Harden* DATE **1/29/97** 1-813-442-7546

CR2E037 (9/96)