


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 MARY BANDES 1529 CHUKR RIDGE PALM HARBOUR FL 34683 US	Mailing Address P.O. BOX 533 PALM HARBOUR FL 34682 US
---	---

3. Date Incorporated or Qualified 10/02/1985	Applied For Not Applicable
4. FEI Number 59-2912007	

2. Principal Place of Business 21 C/O Vincent Ciletti Suite, Apt. #, etc.	2a. Mailing Address 28 P.O. Box 533 Suite, Apt. #, etc.
22 2869 Country Woods Ln City & State	27 City & State
23 Palm Harbor, Fla Zip Country	28 Palm Harbor, Fl Zip Country
24 34683 25 US	29 34682 30 US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 Vincent Ciletti
82 Street Address (P.O. Box Number is Not Acceptable) 2869 Country Woods Lane
83
84 City Palm Harbor FL 85 Zip Code 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: **Vincent Ciletti, President** *Vincent C. Ciletti* **2/12/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE P	BANDES, MARY	<input checked="" type="checkbox"/> DELETE
NAME	1529 CHUKAR RIDGW	
STREET ADDRESS	PALM HARBOR FL	
CITY-ST-ZIP		
TITLE S	ROTZ, AMY	<input type="checkbox"/> DELETE
NAME	1479 CHUKAR RIDGE	
STREET ADDRESS	PALM HARBOR FL	
CITY-ST-ZIP		
TITLE VP	CILETTI, VINCENT	<input type="checkbox"/> DELETE
NAME	2869 COUNTRY WOODS LANE	
STREET ADDRESS	PALM HARBOR FL	
CITY-ST-ZIP		
TITLE D	SHETLE, SCOTT	<input checked="" type="checkbox"/> DELETE
NAME	2841 COUNTRY WOODS LANE	
STREET ADDRESS	PALM HARBOR FL	
CITY-ST-ZIP		
TITLE T	HARDEN, PEGGY	<input type="checkbox"/> DELETE
NAME	2883 PHEASANT DR.	
STREET ADDRESS	PALM HARBOR FL	
CITY-ST-ZIP		
TITLE D	FIELDS, JOHN	<input checked="" type="checkbox"/> DELETE
NAME	2842 PHEASANT DRIVE	
STREET ADDRESS	PALM HARBOUR FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE P	Ciletti, Vincent	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2869 Country Woods Lane	
1.3 STREET ADDRESS	Palm Harbor, Fl 34683	
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 VP	Brabson, David	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	2713 Beagle Path Way	
3.3 STREET ADDRESS	Palm Harbor, Fl 34683	
3.4 CITY-ST-ZIP		
4.1 TITLE D	Zidek, Michael	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	1450 Chukar Ridge	
4.3 STREET ADDRESS	Palm Harbor, Fl 34683	
4.4 CITY-ST-ZIP		
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 D	Kovach, Doug	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	2883 Owl Avenue	
6.3 STREET ADDRESS	Palm Harbor, Fl 34683	
6.4 CITY-ST-ZIP		

14. I 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 Harden* **Peggy Harden, Treasurer** **2/12/98** **813-734-4444**

CF2E037 (10/97)