

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

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DOCUMENT # N11400

1. Corporation Name

COUNTRY WOODS HOMEOWNERS ASSOCIATION OF DUNEDIN,
INC.

Principal Place of Business

C/O VINCENT CILETTI
2869 COUNTRY WOODS LANE
PALM HARBOUR FL 34683
US

Mailing Address

P.O. BOX 533
PALM HARBOUR FL 34682
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/02/1985

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

9. Name and Address of Current Registered Agent

CILETTI, VINCENT
3869 COUNTRY WOODS LANE
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

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 ☐ DELETE
NAME CILETTI, VINCENT
STREET ADDRESS 2869 COUNTRY WOODS LANE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE S ☐ DELETE
NAME ROTZ, AMY
STREET ADDRESS 1479 CHUKAR RIDGE
CITY-ST-ZIP PALM HARBOR FL

TITLE VP ☐ DELETE
NAME BRADBSON, DAVID
STREET ADDRESS 2713 BEAGLE PATH WAY
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D ☐ DELETE
NAME ZIDEL, MICHAEL
STREET ADDRESS 1450 CHUKAR RIDGE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE T ☐ DELETE
NAME HARDEN, PEGGY
STREET ADDRESS 2883 PHEASANT DR.
CITY-ST-ZIP PALM HARBOR FL

TITLE D ☐ DELETE
NAME KOVACH, DOUG
STREET ADDRESS 2883 OWL AVE
CITY-ST-ZIP PALM HARBOUR FL 34683

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Correction:
AMIE

Correction:
Brabson

Correction:
ZIDEK

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: Peggy Harden 2/10/99 721-442-7546

CR2E037 (11/98)