

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90080 013 ****61.25

DOCUMENT # N11400

1. Entity Name

COUNTRY WOODS HOMEOWNERS ASSOCIATION OF DUNEDIN,

Principal Place of Business

Mailing Address

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

P.O. BOX 533
 PALM HARBOUR FL 34682
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2912007

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CILETTI, VINCENT
 3869 COUNTRY WOODS LANE
 PALM HARBOUR FL 34683

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CILETTI, VINCENT	2869 COUNTRY WOODS LANE	PALM HARBOR FL 34683	<input type="checkbox"/>
S	ROTZ, AMIE	1479 CHUKAR RIDGE	PALM HARBOR FL	<input type="checkbox"/>
VP	BRABSON, DAVID	2713 BEAGLE PATH-WAY	PALM HARBOR FL 34683	<input type="checkbox"/>
D	ZIDEK, MICHAEL	1450 CHUKAR RIDGE	PALM HARBOR FL 34683	<input type="checkbox"/>
T	HARDEN, PEGGY	2883 PHEASANT DR.	PALM HARBOR FL	<input type="checkbox"/>
D	KOVACH, DOUG	2883 OWL AVE	PALM HARBOUR FL 34683	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Salladin, Kathy	2879 Deer Hound Way	Palm Harbor, Florida 34683	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Fry, Barb	1569 Chukar Ridge	Palm Harbor, Florida 34683	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy J. Harden **REQUIRED**
 Signature and Typed or Printed Name of Signing Officer or Director
Harden, Treasurer 2/15/01 727-734-4444
 Date Daytime Phone #

CR2E037 (10/00)