


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

1. Entity Name <b>COUNTRY WOODS HOMEOWNERS ASSOCIATION OF DUNEDIN, INC.</b>	N11400 
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Principal Place of Business C/O SCOTT REHM 1450 CHUKAR RIDGE PALM HARBOUR, FL 34683 US	Mailing Address P.O. BOX 533 PALM HARBOUR, FL 34682 US
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01232004

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2912007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b>	

6. Name and Address of Current Registered Agent

REHM, SCOTT  
1450 CHUKAR RIDGE  
PALM HARBOUR, FL 34683

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00**

U00000034586  
02/05/04-80090-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REHM, SCOTT 1450 CHUKAR RIDGE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROTZ, AMIE 1479 CHUKAR RIDGE PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALLADIN, KATHY 2879 DEER HOUND WAY PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOVACH, DOUG 2883 OWL AVE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARDEN, PEGGY 2883 PHEASANT DR. PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, STEVEN 2878 DEER HOUND WAY PALM HARBOUR, FL 34683

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 charged, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Peggy J. Harden **Peggy J. Harden, Treasurer 2/2/04 727-734-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 4444