


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90038 035 \*\*\*\*61.25

DOCUMENT # N11400			
1. Entity Name COUNTRY WOODS HOMEOWNERS ASSOCIATION OF DUNEDIN, INC.			
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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1539 Chukar Ridge City & State Palm Harbor, FL Zip 34683		3. Mailing Address Suite, Apt. #, etc. P.O. Box 533 City & State Palm Harbor, FL Zip 34683	
4. FEI Number 59-2912007		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent REHM, SCOTT 1450 CHUKAR RIDGE PALM HARBOUR FL 34683		7. Name and Address of New Registered Agent Name Barsky, Charlene Street Address (P.O. Box Number is Not Acceptable) 1539 Chukar Ridge City Palm Harbor FL Zip Code 34683	
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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 *Charlene Barsky* (CHARLENE BARSKY, President) 032807  
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 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE P	NAME REHM, SCOTT	STREET ADDRESS 1450 CHUKAR RIDGE	CITY- ST- ZIP PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME Barsky, Charlene	STREET ADDRESS 1539 Chukar Ridge	CITY- ST- ZIP Palm Harbor FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S	NAME ROTZ, AMIE	STREET ADDRESS 1479 CHUKAR RIDGE	CITY- ST- ZIP PALM HARBOR FL	<input checked="" type="checkbox"/> Delete	TITLE VPD	NAME MonCrieff, James	STREET ADDRESS 1460 Wetherington Way	CITY- ST- ZIP Palm Harbor FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP	NAME BARSKY, CHARLENE	STREET ADDRESS 1539 CHUKAR RIDGE	CITY- ST- ZIP PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME Powell, Patricia	STREET ADDRESS 2744 Beagle Path Way	CITY- ST- ZIP Palm Harbor FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME KOVACH, DOUG	STREET ADDRESS 2883 OWL AVE	CITY- ST- ZIP PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME Gentzow, Dieter	STREET ADDRESS 2868 Deerhound Way	CITY- ST- ZIP Palm Harbor FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T	NAME HARDEN, PEGGY	STREET ADDRESS 2883 PHEASANT DR.	CITY- ST- ZIP PALM HARBOR FL	<input checked="" type="checkbox"/> Delete	TITLE D	NAME White, Warren	STREET ADDRESS 2926 Country Woods Lane	CITY- ST- ZIP Palm Harbor FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME FOWLER, FRANCES	STREET ADDRESS 2819 DEER HOUND WAY	CITY- ST- ZIP PALM HARBOR FL 34683	<input type="checkbox"/> Delete	TITLE D	NAME Thomas John	STREET ADDRESS 2878 Dderhand Way	CITY- ST- ZIP Palm Harbor FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Charlene Barsky* - Charlene Barsky 040407 727-733-9091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #