

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90955 002 \*\*\*\*61.25

**DOCUMENT # N11400**

1. Entity 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

C/O Scott Rehm

3. Mailing Address

P.O. Box 533

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1450 Chukar Ridge

Palm Harbor, FL

City & State

City & State

Palm Harbor, Fl

34682

Zip

Country

USA

Country

USA

34683

6. Name and Address of Current Registered Agent

CILETTI, VINCENT  
3869 COUNTRY WOODS LANE  
PALM HARBOUR FL 34683

7. Name and Address of New Registered Agent

Name  
Rehm, Scott  
Street Address (P.O. Box Number is Not Acceptable)  
1450 Chukar Ridge  
Palm Harbor, Florida  
City

FL Zip Code  
34683

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 Scott Rehm, President

2/17/03

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CILETTI, VINCENT	
STREET ADDRESS	2869 COUNTRY WOODS LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROTZ, AMIE	
STREET ADDRESS	1479 CHUKAR RIDGE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	REHM, SCOTT	
STREET ADDRESS	1450 CHUKAR RIDGE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SALLADIN, KATHY	
STREET ADDRESS	2879 DEER HOUND WAY	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARDEN, PEGGY	
STREET ADDRESS	2883 PHEASANT DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, STEVEN	
STREET ADDRESS	2878 DEER HOUND WAY	
CITY-ST-ZIP	PALM HARBOUR FL 34683	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rehm, Scott	
STREET ADDRESS	1450 Chukar Ridge	
CITY-ST-ZIP	Palm Harbor, Florida 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salladin, Kathy	
STREET ADDRESS	2879 Deer Hound Way	
CITY-ST-ZIP	Palm Harbor, Florida 34683	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doug Kovach	
STREET ADDRESS	2883 Owl Avenue	
CITY-ST-ZIP	Palm Harbor, Florida 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Harden **REQUIRE** Peggy Harden, Treas. 2/17/03 1-727-734-4444

CR2E037 (10/02)

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