

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11400

**Entity Name:** COUNTRY WOODS HOMEOWNERS ASSOCIATION OF  
DUNEDIN, INC.**FILED**  
**Feb 25, 2020**  
**Secretary of State**  
**4515922630CC****Current Principal Place of Business:**24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763**Current Mailing Address:**24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763 US**FEI Number: 59-2912007****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BROWDER, KAREN  
24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763 US*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: KAREN BROWDER****02/25/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRES  
**Name** LUCAS, PAUL  
**Address** 24701 US HIGHWAY 19 N  
SUITE 102  
**City-State-Zip:** CLEARWATER FL 33763**Title** DIRECTOR  
**Name** BABLER, JOHN  
**Address** 24701 US HIGHWAY 19 N  
SUITE 102  
**City-State-Zip:** CLEARWATER FL 33763**Title** VP  
**Name** FURNISH, KAREN  
**Address** 24701 US HIGHWAY 19 N  
SUITE 102  
**City-State-Zip:** CLEARWATER FL 33763**Title** DIRECTOR  
**Name** MIDDLETON, BETH  
**Address** 24701 US HIGHWAY 19 N  
SUITE 102  
**City-State-Zip:** CLEARWATER FL 33763**Title** SECRETARY, TREASURER  
**Name** SANCHEZ, ALEJUNDRO  
**Address** 24701 US HIGHWAY 19 N  
SUITE 102  
**City-State-Zip:** CLEARWATER FL 33763**Title** DIRECTOR  
**Name** FRANKS, BOB  
**Address** 24701 US HIGHWAY 19 N  
SUITE 102  
**City-State-Zip:** CLEARWATER FL 33763**Title** DIRECTOR  
**Name** WIVAGG, ROBERT  
**Address** 24701 US HIGHWAY 19 N  
SUITE 102  
**City-State-Zip:** CLEARWATER FL 33763

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: ALEJUNDRO SANCHEZ****SECRETARY-TREASURER 02/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date