2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11400

Entity Name: COUNTRY WOODS HOMEOWNERS ASSOCIATION OF

DUNEDIN, INC.

Current Principal Place of Business:

C/O JAMES M. CLAYTON P>P> BOX 533 PALM HARBOR, FL 34683

Current Mailing Address:

P.O. BOX 533

PALM HARBOR, FL 34682 US

FEI Number: 59-2912007 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

CLAYTON, JAMES M 1433 MALLARD PLACE PALM HARBOR, FL 34683 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: JAMES M. CLAYTON 01/31/2014

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRES** Title

Name CLAYTON, JAMES Name FOWLER, FRANCES 1433 MALLARD PLACE 2819 DEER HOUND WAY Address Address PALM HARBOR FL 34683 City-State-Zip: PALM HARBOR FL 34683 City-State-Zip:

Title TRFA Title **SECR**

Name MICTCHELL, KATHY Name NEVINS, ALICA

Address 2696 BEAGLE PATH WAY .2771 COUNTRY WOODS LANE Address

City-State-Zip: PALM HARBOR FL 34683

PALM HARBOR FL 34683 City-State-Zip:

Title DIR Title DIR

Name JUDY, RALPH TOENJES, RICK Name

Address 2903 DEER HOUND WAY Address 1412 MALLARD PLACE City-State-Zip: PALM HARBOR FL 34683

City-State-Zip: PALM HARBOR FL 34683

Title **DIRECTOR** Title DIRECTOR

Name HOUGH, JANIE Name CROMPTON, KEN 1523 PELICAN PL Address

Address 2940 COUNTRY WOODS LANE City-State-Zip: PALM HARBOR FL 34683

City-State-Zip: PALM HARBOR FL 34683

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: JAMES M. CLAYTON PRES. 01/31/2014

FILED Jan 31, 2014

Secretary of State

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