

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90129 033 ****61.25

DOCUMENT # 741030

1. Entity Name
COUNTRY OAKS TOWNHOUSES, INC.



Principal Place of Business
**133 OAK ST
APT. #17
TALLAHASSEE, FL 32301-2674 US**

Mailing Address
**133 OAK ST
APT. #17
TALLAHASSEE, FL 32301-2674 US**

40048142



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2037582

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUNDERSON, MARY A
133 OAK ST
APT. #17
TALLAHASSEE, FL 32301-2674**

Name **Mary Ann G. Callis**
Street Address (P.O. Box Number is Not Acceptable)
133 Oak St. #17
City **Tallahassee** FL Zip Code **32301-2674**

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

Mary Ann Callis
Signature, typed or printed name of registered agent and title if applicable.

Mary Ann Callis
(NOTE: Registered Agent signature required when reinstating)

4/12/06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 ☐ Delete
NAME **P**
STREET ADDRESS **WILLIAMS, EVERETT A**
CITY-ST-ZIP **133 OAK STREET #20
TALLAHASSEE, FL 32301**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **WOELFEL, BOB**
CITY-ST-ZIP **434 LYONS BAY ROAD
NOKOMIS, FL 34275**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **GUNDERSON, MARY A**
CITY-ST-ZIP **133 OAK ST #17
TALLAHASSEE, FL 323012674**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WASSON, KEN**
CITY-ST-ZIP **133 OAK ST #19
TALLAHASSEE, FL 323012674**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **GARCIA, REGGIE**
CITY-ST-ZIP **133 OAK ST #2
TALLAHASSEE, FL 323012674**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Williams, Everett O.**
STREET ADDRESS **Same as box 10**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **Mary Ann G. Callis**
CITY-ST-ZIP **133 Oak St. #17
Tallahassee, FL 32301-2674**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Linda B. Nelson**
CITY-ST-ZIP **133 Oak St. #14
Tallahassee, FL 32301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Mary Ann Callis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ann Callis

4/12/06
Date

850-245-2008
Daytime Phone #