


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90033 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
--	--

40067223



2. Principal Place of Business - No P.O. Box # 133 Oak St	3. Mailing Address 133 Oak St
Suite, Apt. #, etc. 11	Suite, Apt. #, etc. 11

03242008 Chg-NP CR2E037 (12/06)

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32301	Country US

4. FEI Number 59-2037582	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent CALLIS, MARY ANN G 133 OAK ST APT. #17 TALLAHASSEE, FL 32301-2674	
---	--

7. Name and Address of New Registered Agent Name Melissa Jones Street Address (P.O. Box Number is Not Acceptable) 133 Oak St, #11 City Tallahassee FL Zip Code 32301	
---	--

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 Melissa C Jones DATE 10 April 08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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
---	---	--------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P WILLIAMS, EVERETT O 133 OAK STREET #20 TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D JONES, MELISSA 133 OAK ST #11 TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
T CALLIS, MARY ANN G 133 OAK ST, 17 TALLAHASSEE, FL 323012674	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
S WASSON, KEN 133 OAK ST #19 TALLAHASSEE, FL 323012674	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D NELSON, LINDA B 133 OAK ST, # 14 TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Jackson Director Jackson, Melrose 1414 Stourhead Ct Tallahassee, FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Treasurer Jones, Melissa 133 Oak St, #11 Tallahassee, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Director Callis, Mary Ann G 133 Oak St, 17 Tallahassee, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Director Johanningsmeier, Mary 815 Jamestown Ct Tallahassee, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Melissa C Jones Melissa C Jones 10 April 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850-251-5368