

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752039

FILED  
Feb 23, 2009  
Secretary of State

**Entity Name:** COUNTRY WEST PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12230 FOREST HILL BLVD  
SUITE 101  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

12230 FOREST HILL BLVD  
SUITE 101  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 59-2804471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WRIGHT, WILLIAM  
12230 FOREST HILL BLVD  
SUITE 101  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ELLIOTT, RICHARD C  
Address: 13150 DOUBLETREE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: WRIGHT, WILLIAM  
Address: 12230 FOREST HILL BLVD., #101  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: WRIGHT, WILLIAM  
Address: 12230 FOREST HILL BLVD, SUITE 101  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SAMANTHA NEVERA

MISS

02/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date