2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# 754168

Entity Name: COUNTRYSIDE FARM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6945 SW 97TH PL
OCALA, FL 34477 US

New Principal Place of Business:

9555 SW 72ND CT.
OCALA, FL 34476 US

Current Mailing Address:

11100 SW 93RD CT RD
OCALA, FL 34481 US

New Mailing Address:

FEI Number: 59-6718399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODING, W. JAMES III
1531 SOUTHEAST 36TH AVE
OCALA, FL 34471 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: VPD ( ) Delete
Name: PALMIOTTI, ANTHONY
Address: 7437 SW 93RD ST RD
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete
Name: KIRSCH, ROBERT
Address: 9625 SW 67TH TERR
City-St-Zip: OCALA, FL 34476

Title: PD ( ) Delete
Name: HOFFMAN, LARRY
Address: 6903 SW 93RD. STREET
City-St-Zip: OCALA, FL 34476

Title: SD ( ) Delete
Name: QUINONES, ANA I
Address: 6945 SW 97TH PL
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete
Name: CASCIATO, RICHARD
Address: 7280 SW 93RD ST RD
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LARKINS, THOMAS J
Address: 9555 SW 72ND CT.
City-St-Zip: OCALA, FL 34476

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

Title: VPD (X) Change ( ) Addition
Name: PALMIOTTI, ANTHONY
Address: 7437 SW 93RD ST. RD.
City-St-Zip: OCALA, FL 34476

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: THOMAS J. LARKINS PD 01/07/2008
Electronic Signature of Signing Officer or Director Date