
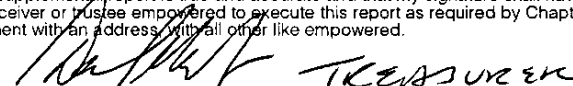


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90029 046 ****61.25

DOCUMENT # 754214 1. Entity Name COUNTRYWOOD HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business BUDGET PROPERTY MGMT 5202 10TH AVE N GREENACRES FL 33463 US			Mailing Address 6620 LAKE WORTH RD E LAKE WORTH FL 33467 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DICKER, KRIVOK & STOLOFF P.A. 1818 AUSTRALIAN AVE SO 400 WEST PALM BEACH FL 33409				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, DONALD 7786 BISHOPWOOD RD LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ed VanTura 7758 Cedaro Ct. LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAMBERLAIN, RICHARD 7785 BISHOPWOOD RD LAKE WORTH FL 33467	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joyce VanTura 7758 Cedaro Ct. LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERKER, PATTY 5520 TEAKWOOD RD LAKE WORTH FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWEET, DAVE 5880 TEAKWOOD ROAD LAKE WORTH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERKER, WAYNE 5520 TEAKWOOD ROAD LAKE WORTH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOTI, DOMINICK 7771 BISHOPWOOD RD LAKE WORTH FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			1/28/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2025371** Applied For ☐ Not Applicable ☐

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