

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2009
Secretary of State**

DOCUMENT# 756354

Entity Name: COUNTRY OAKS I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5837 TROUBLE CRK RD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5837 TROUBLE CRK RD
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-2079104 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT SERVICES, INC
5837 TROUBLE CRK RD
NEW PORT RICHEY, FL 34652 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: P () Delete
Name: KAYWOOD, LIVELY
Address: 7723-B COSME DR
City-St-Zip: HUDSON, FL 34667

Title: VP () Delete
Name: CARUSO, ANTHONY
Address: 7715-B COSME DRIVE
City-St-Zip: HUDSON, FL 34667

Title: TD () Delete
Name: LOTTIE, CASCARDI
Address: 7711 O'BRIEN CT
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: LIVELY, KAYWOOD
Address: 7723-B CASE DR.
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: GARLAY, ARDITH
Address: 7721 EUREKA DR
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: LIVELY, KAYWOOD
Address: 7723-B COSME DR
City-St-Zip: HUDSON, FL 34667

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

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

Title: S (X) Change () Addition
Name: CHAMBERLAIN, ESTHER
Address: 7716 O'BRIEN COURT
City-St-Zip: HUDSON, FL 34667

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: KAYWOOD LIVELY

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date