

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756354

FILED  
Apr 08, 2011  
Secretary of State

**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:**

COMMUNITY MANAGEMENT CONCEPTS, INC  
4585 140TH AVE N, SUITE 1012  
CLEARWATER, FL 33762

**Current Mailing Address:**

5837 TROUBLE CRK RD  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

4585 140TH AVE N,  
SUITE 1012  
CLEARWATER, FL 33762

**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:**

COMMUNITY MANAGEMENT CONCEPTS, INC  
4585 140TH AVE N,  
SUITE 1012  
CLEARWATER, FL 33762 US

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:** COMMUNITY MANAGEMENT CONCEPTS

04/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** LIVELY, KAYWOOD  
**Address:** 7723-B COSME DR  
**City-St-Zip:** HUDSON, FL 34667

**Title:** S  
**Name:** GOURLAY, ARDITH  
**Address:** 7721 EUREKA DRIVE  
**City-St-Zip:** HUDSON, FL 34667

**Title:** T  
**Name:** CASTORA, ANNETTE  
**Address:** 7735 EUREKA DRIVE  
**City-St-Zip:** HUDSON, FL 34667

**Title:** T  
**Name:** CHAMBERLAIN, ESTHER  
**Address:** 7716 O'BRIEN COURT  
**City-St-Zip:** HUDSON, FL 34667

**Title:** D  
**Name:** NAKONECHNYI, ERIKH  
**Address:** 7733 EUREKA DRIVE  
**City-St-Zip:** HUDSON, FL 34667

I hereby 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 all other like empowered.

**SIGNATURE:** KAYWOOD LIVELY

PD

04/08/2011

Electronic Signature of Signing Officer or Director

Date