2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State
01-20-2005 90024 035 ****61.25

DOCUMENT # 767177

1. Entity Name
COUNTRY OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4541 SW 46TH ST OCALA, FL 34474-4354 US	4541 SW 46TH ST OCALA, FL 34474-4354 US

01072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3099994 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRAZIER, MILTON 4541 SW 46TH ST OCALA, FL 34474	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD FRAZIER, MILTON 4541 SW 46TH STREET OCALA, FL 344744354	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jim Thomason 4621 SW 44th COURT OCALA, Fl 34474-9220	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHARP, DAVID 4555 SW 44TH COURT OCALA, FL 344744348	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Bill Coones 4525 SW 44th COURT OCALA, Fl 34474-9218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARTIN, RUTH 4571 SW 46TH AVENUE OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARY KAY PRICE 4401 SW 44th LANE OCALA, Fl 34474-9490	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HETRICK, ELIZABETH 4581 SW 44TH LANE OCALA, FL 344749221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROBERTA C. Bulger 4575 SW 44th COURT OCALA, Fl 34474	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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. Jim Thomason - PRESIDENT 352-854-9191

SIGNATURE: _____ 1-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #