2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

01112006 No Chg-NP CR2E037 (11/05)

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

FRAZIER, MILTON
4541 SW 46TH ST
OCALA, FL 34474

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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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMASON, JIM
STREET ADDRESS	4621 SW 44TH COURT
CITY-ST-ZIP	OCALA, FL 344749220
TITLE	VD
NAME	COONES, BILL
STREET ADDRESS	4525 SW 44TH COURT
CITY-ST-ZIP	OCALA, FL 344749218
TITLE	SD
NAME	PRICE, MARY KAY
STREET ADDRESS	4401 SW 44TH LANE
CITY-ST-ZIP	OCALA, FL 344749490
TITLE	TD
NAME	BULGER, ROBERTA C
STREET ADDRESS	4575 SW 44TH COURT
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100100590692
01/24/06-80009-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 1-16-06 854-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #