## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT #767177** 03-02-2007 90006 044 \*\*\*\*61.25 COUNTRY OAKS PROPERTY OWNERS ASSOCIATION. INC. Principal Place of Business Mailing Address 40012001 4541 SW 46TH ST 4541 SW 46TH ST OCALA, FL 34474-4354 US OCALA, FL 34474-4354 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02012007 CR2E037 (12/06) Chq-NP City & State City & State Applied For FEI Number 59-3099994 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRAZIER, MILTON Street Address (P.O. Box Number is Not Acceptable) 4541 SW 46TH ST OCALA, FL 34474 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Make check payable to Due by May 1, 2007 Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PRESIDENT ☐ Delete TITLE TITLE Change Change ☐ Addition NAME THOMASON, JIM NAME COONES, BILL 4525 SW 44th COURT STREET ADDRESS **4621 SW 44TH COURT** STREET ADDRESS CITY-ST-ZIP OCALA, FL 344749220 CITY-ST-7IP OCALA, FI 34474-9218 TITLE VD. ☐ Delete TITLE VICE PRESIDENT Change Change ■ Addition COONES, BILL NAME NAME THOMASON, JIM 4621 SW 44th COURT STREET ADDRESS **4525 SW 44TH COURT** STREET ADDRESS CITY-ST-ZIP OCALA, FL 344749218 CITY-ST-ZIP SD TITLE ☐ Delete TITLE SECRETARY Change ☐ Addition PRICE, MARY KAP 4401 SW 444 LANE (SAME) NAME PRICE, MARY KAY NAME STREET ADDRESS 4401 SW 44TH LANE STREET ADDRESS 34474-9490 CITY-ST-ZIP OCALA, FL 344749490 CITY-ST-ZIP OCALA, FI TITLE Delete TITLE TREASURER ☐ Addition BULGER, ROBERTA C BULGER, ROBERTA C 4575 SW 44+12 COURT NAME NAME BAME) STREET ADDRESS 4575 SW 44TH COURT STREET ADDRESS CITY-ST-ZIP OCALA, FL 34474 CITY-ST-ZIP OCALA, FI 34474-9218 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

ME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🗸

**FILED** 

Mar 02, 2007 8:00 am