2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# 767177

Entity Name: COUNTRY OAKS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4541 SW 46TH ST
OCALA, FL 344744354 US

New Principal Place of Business:

4541 SW 46TH STREET
OCALA, FL 344744354 US

Current Mailing Address:

4541 SW 46TH ST
OCALA, FL 344744354 US

New Mailing Address:

4581 SW 44TH LANE
OCALA, FL 344749221 US

FEI Number: 59-3099994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FRAZIER, MILTON
4541 SW 46TH STREET
OCALA, FL 344744354 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: _____ 01/20/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COONES, BILL
Address: 4525 SW 44TH COURT
City-St-Zip: OCALA, FL 344749218

Title: SD ( ) Delete
Name: PRICE, MARY KAY
Address: 4401 SW 44TH LANE
City-St-Zip: OCALA, FL 344749490

Title: TD ( ) Delete
Name: BULGER, ROBERTA C
Address: 4575 SW 44TH COURT
City-St-Zip: OCALA, FL 34474

Title: VD ( ) Delete
Name: CARLSON, BOB
Address: 4450 SW 46TH AVE
City-St-Zip: OCALA, FL 344744347

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PLANT, JONATHON
Address: 4480 SW 46TH AVENUE
City-St-Zip: OCALA, FL 344744347

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

Title: TD (X) Change ( ) Addition
Name: HETRICK, ELIZABETH
Address: 4581 SW 44TH LANE
City-St-Zip: OCALA, FL 344749221

Title: VD (X) Change ( ) Addition
Name: CARLSON, BOB
Address: 4450 SW 46TH AVENUE
City-St-Zip: OCALA, FL 344744347

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: JONATHON PLANT PD 01/20/2009
Electronic Signature of Signing Officer or Director — Date