


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90239 001 ****61.25

DOCUMENT # N00000008267

1. Entity Name
COUNTRY PARK CO-OP, INC.



Principal Place of Business
**2331 BELLEAIR ROAD
 CLEARWATER, FL 33546**

Mailing Address
**2331 BELLEAIR ROAD
 CLEARWATER, FL 33546**

2. Principal Place of Business
10730 U. S. 19

3. Mailing Address
10730 U.S. 19

Suite, Apt. #, etc.
Suite 17

Suite, Apt. #, etc.
Suite 17

City & State
Port Richey, FL

City & State
Port Richey, FL

Zip Country
34668 Pasco

Zip Country
34668 Pasco

400500



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3688202

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ERDMAN, JJ
 696 1ST AVE N
 SUITE #102
 ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name
Qualified Property Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)
10730 U. S. 19

Suite 17

City
Port Richey **FL** Zip Code
34668

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

Filing Fee is \$61.25 Due by May 1, 2006

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, JACK 2331 BELLEAIR RD LOT #707 CLEARWATER, FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEROY, DIBBLE 2331 BELLEAIR RD LOT #902 CLEARWATER, FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNTER, NORM 2331 BELLEAIR RD LOT #906 CLEARWATER, FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RATH, PAT 2331 BELLEAIR RD, LOT 807 CLEARWATER, FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANGS, CORA 2331 BELLEAIR RD, LOT 817 CLEARWATER, FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Morris, Jack 10730 U.S. 19, Suite 17 Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LeRoy, Dibble 10730 U.S. 19, suite 17 Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Hunter, Norm 10730 U.S. 19, Suite 17 Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rath, Pat 10730 U.S. 19, Suite 17 Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bangs, Cora 10730 U.S. 19, Suite 17 Port Richey, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Date: **3-23-06** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR