

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 29, 2008  
Secretary of State

DOCUMENT# N00000008267

Entity Name: COUNTRY PARK CO-OP, INC.

**Current Principal Place of Business:**

5901 U.S. HWY 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5901 U.S. HWY 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

FEI Number: 59-3688202      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 U.S. HWY 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RATH, PATRICIA  
Address: 5901 U.S. HWY 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD ( ) Delete  
Name: BANGS, CORA  
Address: 5901 U.S. HWY 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD ( ) Delete  
Name: MORRIS, JACK  
Address: 5901 U.S. HWY 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD ( ) Delete  
Name: SCHAEFER, PEGGY  
Address: 5901 U.S. HWY 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete  
Name: SEYMOUR, MIKE  
Address: 5901 U.S. HWY 19, SUITE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: MARY WHITE

CEO

03/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date