

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03595

FILED
May 19, 2008
Secretary of State

Entity Name: COUNTRY MEADOWS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

450 SOUTH MAIN STREET
SUITE 2
LABELLE, FL 33935 US

New Principal Place of Business:

891 W COWBOY WAY
LABELLE, FL 33935 US

Current Mailing Address:

P.O. BOX 2165
LABELLE, FL 33975 US

New Mailing Address:

P.O. DRAWER 2310
LABELLE, FL 33975 US

FEI Number: 59-2398093 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MURRAH, G. DAVID
700 FORT THOMPSON AVE.
LABELLE, FL 33935 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: P () Delete
Name: MURRAH, G D
Address: 700 FORT THOMPSON AVE.
City-St-Zip: LABELLE, FL 33935 US

Title: VP () Delete
Name: NOBLES, LEWIS J III
Address: 598 FORT THOMPSON AVE.
City-St-Zip: LABELLE, FL 33935 US

Title: SEC () Delete
Name: NOBLES, GERALDINE B
Address: 620 FORT THOMPSON AVE.
City-St-Zip: LABELLE, FL 33935 US

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:

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: G DAVID MURRAH

P

05/19/2008

Electronic Signature of Signing Officer or Director

Date