

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N03595

FILED
Feb 24, 2003
Secretary of State

Entity Name: COUNTRY MEADOWS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O DAVID MURRAH
P O BOX 2165
LABELLE, FL 33935

New Principal Place of Business:

450 SOUTH MAIN STREET
SUITE 2
LABELLE, FL 33935 US

Current Mailing Address:

C/O DAVID MURRAH
P O BOX 2165
LABELLE, FL 33935

New Mailing Address:

P.O. BOX 2165
LABELLE, FL 33975 US

FEI Number: 59-2398093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURRAH, DAVID
FORT THOMPSON AVE.
LABELLE, FL 33935

Name and Address of New Registered Agent:

MURRAH, G. DAVID
700 FORT THOMPSON AVE.
LABELLE, FL 33935 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: G DAVID MURRAH

02/24/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURRAH, DAVID,
Address: FORT THOMPSON AVE.
City-St-Zip: LABELLE, FL

Title: VD () Delete
Name: NOBLES, L.J.,III,
Address: FOR THOMPSON AVE.
City-St-Zip: LABELLE, FL

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

Title: V (X) Delete
Name: ENGLE, JERRI S
Address: 1805 FT DENAUD RD
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MURRAH, G. DAVID,
Address: 700 FORT THOMPSON AVE.
City-St-Zip: LABELLE, FL 33935 US

Title: VD (X) Change () Addition
Name: NOBLES, L.J.,III,
Address: 598 FORT THOMPSON AVE.
City-St-Zip: LABELLE, FL 33935 US

Title: STD (X) Change () Addition
Name: NOBLES, GERALDINE B.,
Address: 620 FORT THOMPSON AVE.
City-St-Zip: LABELLE, FL 33935 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

PD

02/24/2003

Electronic Signature of Signing Officer or Director

Date