


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90002 038 \*\*\*\*61.25

<b>DOCUMENT # N08200</b>					
1. Entity Name COUNTRY DOWNS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P O BOX 950923 LAKE MARY, FL 32795-7923			Mailing Address P O BOX 950923 LAKE MARY, FL 32795-7923		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2694599	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NAX, JOPE 791 KEENELAND PIKE LAKE MARY, FL 32746			Name <u>CLAUDIA SLATON</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>186 TIM TAM CT</u>		
			City <u>LAKE MARY</u> <b>FL</b> Zip Code <u>32746</u>		
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: <u><i>Claudia Slaton</i></u>		(NOTE: Registered Agent signature required when reinstating)		DATE: <u>3/11/08</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPO, JAMES		NAME		
STREET ADDRESS	145 KELSO COURT		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	<u>vice President</u>	<input type="checkbox"/> Delete	TITLE	<u>Treasurer</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLE, WENDI		NAME	<u>Nina Flositz</u>	
STREET ADDRESS	736 KEENELAND PIKE		STREET ADDRESS	<u>165 Citation Court</u>	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	<u>LAKE MARY, FL 32746</u>	
TITLE	<u>President</u>	<input type="checkbox"/> Delete	TITLE	<u>Secretary</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLATON, CLAUDIA		NAME	<u>Bill Stimson</u>	
STREET ADDRESS	186 TIMTAM COURT		STREET ADDRESS	<u>767 Keeneland Pike</u>	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	<u>LAKE MARY, FL 32746</u>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOWL, WILLIAM		NAME		
STREET ADDRESS	776 KENNELAND PIKE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Nina E. Flositz</i></u>		Date: <u>3-10-08</u>		Daytime Phone #: <u>407-302-4116</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	