2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State
05-15-2008 90021 015 ****61.25

DOCUMENT # N11130

1. Entity Name
COUNTRY WALK OF PORT ORANGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1190 PELICAN BAY DR DAYTONA BEACH, FL 32119	1190 PELICAN BAY DR DAYTONA BEACH, FL 32119

02072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2619334 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARKIN, MICHELE 1190 PELICAN BAY DR DAYTONA BEACH, FL 32119	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Michele Barkin Pres. 2/25/08
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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARTY, KATHRYN A 3453 FOX HUNT COURT PORT ORANGE, FL 32129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MIRACLE, PHYLLIS 3460 FOX HUNT CT PORT ORANGE, FL 32129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEVI, JAMES 3446 COUNTRY WALK DR PORT ORANGE, FL 32129	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T GERI GRAFTON 3461 FOX HUNT CT. PORT ORANGE, FL. 32129	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YAKLIN, PAUL 6487 COUNTRY WALK DR. PORT ORANGE, FL 32129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NEHALL, JERI 3444 COUNTRY WALK DR PORT ORANGE, FL 32129	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACK BOUGE 3461 MARTINGALE PORT ORANGE, FL. 32129	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNETTE, DONALD 3443 COUNTRY WALK DR PORT ORANGE, FL 32129	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES KALLE 3459 COUNTRY WALK DR. PORT ORANGE, FL 32129	☐ Change ☑ 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: Kathy Carty President 2/25/08 (386) 760-9426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #