2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11130

FILED Jan 21, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1190 PELICAN BAY DR DAYTONA BEACH, FL 32119 **Current Mailing Address: New Mailing Address:** 1190 PELICAN BAY DR DAYTONA BEACH, FL 32119 FEI Number: 59-2619334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARKIN, MICHELE 1190 PELICAN BAY DR DAYTONA BEACH, FL 32119 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CARTY, KATHRYN A CARTY, KATHRYN A Name: Name: 3453 FOX HUNT COURT Address: 3453 FOX HUNT COURT Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: PORT ORANGE, FL 32129 Title: SD () Delete Title: (X) Change () Addition MIRACLE, PHYLLIS Name: BLACKBURN, HELENA MICHELE Name: Address: 3460 FOX HUNT CT Address: 3442 GELDING COURT City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: PORT ORANGE, FL 32129 Title: DT () Delete Title: (X) Change () Addition GRAFTON, GERI GRAFTON, GERI Name: Name: 3461 FOXHUNT CRT 3461 FOXHUNT CRT Address: Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: PORT ORANGE, FL 32129 Title: () Delete Title: (X) Change () Addition Name: YAKLIN, PAUL Name: PEARSON, CHARLOTTE 6487 COUNTRY WALK DR. Address: Address: 3457 COUNTRYWALK DRIVE City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: PORT ORANGE, FL 32129 Title: (X) Delete Title: () Change () Addition BENGE, JACK Name: Name: 3461 MORNINGALE Address: Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: Title: () Delete Title: () Change () Addition JAMES, KALLE Name: Name: Address: 3459 COUNTRY WALK DR Address: PORT ORANGE, FL 32129 City-St-Zip: 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: GERI GRAFTON P 01/21/2009