

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90005 047 ****61.25

DOCUMENT # N11400

1. Entity Name
**COUNTRY WOODS HOMEOWNERS ASSOCIATION OF
DUNEDIN, INC.**



Principal Place of Business
**C/O SCOTT REHM
1450 CHUKAR RIDGE
PALM HARBOUR, FL 34683 US**

Mailing Address
**P.O. BOX 533
PALM HARBOUR, FL 34682 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2912007

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**REHM, SCOTT
1450 CHUKAR RIDGE
PALM HARBOUR, FL 34683**

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 Peggy Harden, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

Peggy Harden

(NOTE: Registered Agent signature required when reappointing)

2/16/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 ☐ Delete
NAME **P**
STREET ADDRESS **REHM, SCOTT**
CITY-ST-ZIP **1450 CHUKAR RIDGE
PALM HARBOR, FL 34683**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **ROTZ, AMIE**
CITY-ST-ZIP **1479 CHUKAR RIDGE
PALM HARBOR, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **VP**
STREET ADDRESS **SALLADIN, KATHY**
CITY-ST-ZIP **2879 DEER HOUND WAY
PALM HARBOR, FL 34683**

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **Barsky, Charlene**
CITY-ST-ZIP **1539 Chukar Ridge**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KOVACH, DOUG**
CITY-ST-ZIP **2883 OWL AVE
PALM HARBOR, FL 34683**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Palm Harbor, Florida 34683**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HARDEN, PEGGY**
CITY-ST-ZIP **2883 PHEASANT DR.
PALM HARBOR, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FOWLER, FRANCES**
CITY-ST-ZIP **2819 DEER HOUND WAY
PALM HARBOR, FL 34683**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Peggy Harden **Peggy Harden, Treasurer**

2/16/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #