


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-23-2005 90002 033 ****61.25

DOCUMENT # N12473			
1. Entity Name COUNTRY POINT HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O COMMUNITY ASSOC SVC 951 BROKEN SOUND PKWY # 250 BOCA RATON, FL 33487 US		Mailing Address C/O COMMUNITY ASSOC SVC 951 BROKEN SOUND PKWY # 250 BOCA RATON, FL 33487 US	
2. Principal Place of Business <i>C/O Integrity Property Mgmt.</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc. <i>953 University Drive</i>		Suite, Apt. #, etc.	
City & State <i>Coral Springs, FL</i>		City & State	
Zip <i>33071</i>	Country	Zip	Country
4. FEI Number 59-2614030		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY ASSOCIATION SVCS, INC 951 BROKEN SOUND PKY, NW STE 250 BOCA RATON, FL 33487-3531		7. Name and Address of New Registered Agent Name <i>C/O INTEGRITY PROPERTY MGMT, INC.</i> Street Address (P.O. Box Number is Not Acceptable) <i>953 UNIVERSITY DRIVE</i> City <i>CORAL SPRINGS</i> FL Zip Code <i>33071</i>	
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 <i>Joe Kay</i> DATE <i>6/4/05</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLENER, JIM 6270 NW 58TH WAY PARKLAND, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLE, MARK 5941 NW 65TH COURT PARKLAND, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GINSBURG, STEVEN 5910 NW 60TH AVE PARKLAND, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CARL NEWHOUSE</i> <i>6051</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Joe Kay</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/19/05 954-346-0627 <small>Date Daytime Phone #</small>	

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