

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

MAS

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90040 021 ****61.25

DOCUMENT # N12473 1. Entity Name COUNTRY POINT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O INTEGRITY PROPERTY MANAGEMENT 953 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US				Mailing Address C/O COMMUNITY ASSOC SVC 951 BROKEN SOUND PKWY # 250 BOCA RATON, FL 33487 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>Integrity Property Management</i> Suite, Apt. #, etc. <i>953 University Drive</i> City & State <i>Coral Springs, FL</i>			
City & State		City & State		4. FEI Number 59-2614030	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent C/O INTEGRITY PROPERTY MANAGEMENT, INC 953 UNIVERSITY DRIVE POMPANO BEACH, FL 33071 <i>Coral Springs</i>	
Zip		Country		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>Coral Springs</i> 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 <i>Joe Kay, Agent Joe Kay</i> <i>5/2/06</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 May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD MILLENER, JIM 6270 NW 58TH WAY PARKLAND, FL 33067	<input type="checkbox"/> Delete			
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	SD GINSBURG, STEVEN 5910 NW 60TH AVE PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWHOUSE, CARL 6051 NW 68 MANOR POMPANO BEACH, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Joe Kay, Agent Joe Kay</i> <i>5/2/06</i> <i>954-346-0677</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					