

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12473

FILED
Apr 16, 2009
Secretary of State

Entity Name: COUNTRY POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRITY PROPERTY MANAGEMENT
953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

INTERGRITY PROPERTY MGMT
953 UNIVERSITY DR.
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 59-2614030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C/O INTEGRITY PROPERTY MANAGEMENT, INC
953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: MILLENER, JIM
Address: 6270 NW 58TH WAY
City-St-Zip: PARKLAND, FL 33067

Title: TD () Delete
Name: COLE, MARK
Address: 5941 NW 65TH COURT
City-St-Zip: PARKLAND, FL 33067

Title: SD () Delete
Name: GINSBURG, STEVEN
Address: 5910 NW 60TH AVE
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: NEWHOUSE, CARL
Address: 6051 NW 68 MANOR
City-St-Zip: POMPANO BEACH, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JIM MILLENER

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date