

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12473

FILED  
Apr 14, 2010  
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:**

C/O INTEGRITY PROPERTY MANAGEMENT  
5665 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

**Current Mailing Address:**

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

**New Mailing Address:**

C/O INTEGRITY PROPERTY MANAGEMENT  
5665 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

**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:**

C/O INTEGRITY PROPERTY MANAGEMENT, INC  
5665 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 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: CINDY WHITTLE

04/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MILLENER, JIM  
Address: 5665 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: TD  
Name: COLE, MARK  
Address: 5665 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: SD  
Name: GINSBURG, STEVEN  
Address: 5665 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D  
Name: NEWHOUSE, CARL  
Address: 5665 CORAL RIDGE DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby 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 all other like empowered.

SIGNATURE: JIM MILLENER

PD

04/14/2010

Electronic Signature of Signing Officer or Director

Date