

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15559

FILED  
Jun 10, 2008  
Secretary of State

**Entity Name:** COUNTRY OAKS HOME OWNERS, INCORPORATED

**Current Principal Place of Business:**

1010 O'DONIEL DR  
LAKELAND, FL 33809 US

**New Principal Place of Business:**

5337 N. SOCRUM LOOP RD  
109  
LAKELAND, FL 33809 US

**Current Mailing Address:**

P O BOX 90682  
LAKELAND, FL 33804 US

**New Mailing Address:**

5337 N. SOCRUM LOOP RD  
109  
LAKELAND, FL 33809 US

**FEI Number:** 59-2692688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CAMPBELL, FRANK  
1010 O'DONIEL DR  
LAKELAND, FL 33809 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: VPD ( ) Delete  
Name: CHRISTINO, TED  
Address: 7104 CENTERHILL DR  
City-St-Zip: LAKELAND, FL 33809

Title: PD ( ) Delete  
Name: CAMPBELL, FRANK  
Address: 1010 O'DONIEL DR  
City-St-Zip: LAKELAND, FL 33809

Title: S/D ( ) Delete  
Name: LYNN, NICOLE  
Address: 1121 O'DONIEL LP SOUTH  
City-St-Zip: LAKELAND, FL 33809

Title: T ( ) Delete  
Name: BOWERS, LOIS J  
Address: 1026 O'DONIEL DR  
City-St-Zip: LAKELAND, FL 33809

Title: D (X) Delete  
Name: LIN, HICKS  
Address: 6901 O  
City-St-Zip: LAKELAND, FL 33809

Title: D (X) Delete  
Name: ARNOLD, DAVID  
Address: 7102 O'DONIEL LOOP W.  
City-St-Zip: LAKELAND, FL 33809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S/D (X) Change ( ) Addition  
Name: BARCHANOWICZ, CINDY  
Address: 1050 O'DONIEL DR  
City-St-Zip: LAKELAND, FL 33809

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: LOIS J. BOWERS

T

06/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date