

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90051 003 ****61.25

DOCUMENT # N18340

1. Entity Name
COUNTRY OAKS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
C/O ADVANCED MGMT. OF SOUTHWEST FL. INC.
9031 TOWN CENTER PKWY
BRADENTON, FL 34202

Mailing Address
9031 TOWN CENTER PKWY
BRADENTON, FL 34202

50005699



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2836782

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADVANCED MANAGEMENT OF SOUTHWEST FL INC
9031 TOWN CENTER PKWY
BRADENTON, FL 34202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

President

(NOTE: Registered Agent signature required when reappointing)

1-17-05

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 VP ☐ Delete
NAME SABINO, JOSEPH
STREET ADDRESS 4817 CYPRESS LAKE CT
CITY-ST-ZIP SARASOTA, FL 34243

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME BOOT-HANDFORD, ALAN
STREET ADDRESS 8228 CYPRESS LAKES DRIVE
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME LETBERICK, RHONDA
STREET ADDRESS 5047 82ND WAY EAST
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME CLARK, KEN
STREET ADDRESS 5042 79TH AVE DR E
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ALTERI, CHARLES
STREET ADDRESS 8305 CYPRESS LAKE DR.
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T E VP ☐ Change ☒ Addition
NAME ROD FENDERGRASS
STREET ADDRESS 4991 80th Ave Flga E
CITY-ST-ZIP SARASOTA, FL 34243

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/05

Date

Daytime Phone #