
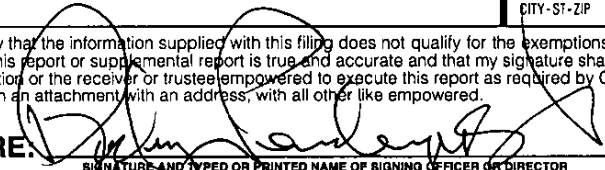


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90013 015 \*\*\*\*61.25

<b>DOCUMENT # N18340</b>							
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				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 59-2836782				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SABINO, JOSEPH		NAME				
STREET ADDRESS	4817 CYPRESS LAKE CT		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CLARK, KEN		NAME				
STREET ADDRESS	5042 79TH AVE DR E		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ALTERI, CHARLES		NAME				
STREET ADDRESS	8305 CYPRESS LAKE DR.		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP				
TITLE	TV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PENDERGRASS, ROD		NAME				
STREET ADDRESS	4941 80TH AVE PLAZA E		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME			NAME	Ast. Sec'y Douglas E. Wilson			
STREET ADDRESS			STREET ADDRESS	9031 Town Center Pkwy			
CITY-ST-ZIP			CITY-ST-ZIP	Bradenton, FL 34202			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 			Date: 2-27-06				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>				