
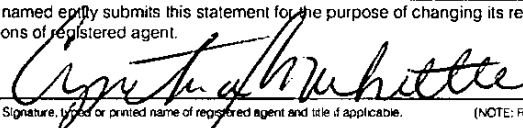
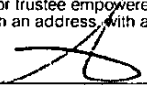


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90156 048 ****61.25

DOCUMENT # N23291 1. Entity Name COUNTRY POINT ESTATES COMMUNITY ASSOCIATION, INC					
Principal Place of Business C/O COMMUNITY ASSOC. SVC 951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487 US				Mailing Address C/O COMMUNITY ASSOC. SVC 951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0225030				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 COMMUNITY ASSOC. SERV. INC. 951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name INTEGRITY PROPERTY MANAGEMENT, INC Street Address (P.O. Box Number is Not Acceptable) 953 UNIVERSITY DR City CORAL SPRINGS FL Zip Code 33071	
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  2/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	STD NEWHOUSE, CARL 6051 NW 68TH MANOR PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINSBURG, STEVEN 5910 NW 60TH AVE PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GINSBERG, STEVEN 5910 NW 60TH AVE PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CIUDAD-REAL, MONICA 6041 NW 63RD PLACE PARKLAND, FL 33067	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  2/17/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date 954-346-0677 <small>Daytime Phone #</small>		

50019292



01312005 Chg-NP CR2E037 (10/03)