

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23291

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** COUNTRY POINT ESTATES COMMUNITY ASSOCIATION, INC

**Current Principal Place of Business:**

C/O INTEGRITY PROPERTY MANAGEMENT, INC.  
953 UNIVERSITY DR  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O INTEGRITY PROPERTY MANAGEMENT, INC.  
953 UNIVERSITY DR  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

**FEI Number:** 65-0225030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INTEGRITY PROPERTY MANAGEMENT, INC  
953 UNIVERSITY DR  
CORAL SPRINGS, FL 33071 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: STD ( ) Delete  
Name: GINSBURG, STEYGN  
Address: 5910 NW 60TH AVE.  
City-St-Zip: PARKLAND, FL 33067

Title: PD ( ) Delete  
Name: NEWHOUSE, BETTIN  
Address: 6051 NW 68 MANOR  
City-St-Zip: POMPANO BEACH, FL 33067

Title: VP ( ) Delete  
Name: CIUDAD REAL, MONICA  
Address: 6041 NW 63 PL  
City-St-Zip: POMPANO BEACH, FL 33067

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

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: BETTIN NEWHOUSE

PD

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date