


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90073 008 ****61.25

DOCUMENT # N27131 1. Entity Name COUNTRY OAK ESTATES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 738 TOMOKA DR. PALM HARBOR, FL 34683 US		Mailing Address 738 TOMOKA DR. PALM HARBOR, FL 34683 US	
2. Principal Place of Business 40347 US 19 N Suite, Apt. #, etc. Ste 229 City & State Tarpon Springs, FL Zip 34689		3. Mailing Address 40347 US 19 N Suite, Apt. #, etc. Ste 229 City & State Tarpon Springs, FL Zip 34689	
Country USA		Country USA	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent Name Jim RANALLO Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 N, Ste 229 City Tarpon Springs	
State FL		Zip Code 34689	
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 <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1/18/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</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	
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	PD WORDON, RON 738 TOMOKA DR. PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WAGNER, PETE 2146 COLUSA CT PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SORSET, MARK 681 TOMOKA DR PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/30/06</u> Daytime Phone # <u>727-938-7730</u>	