



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2008 8:00 am
Secretary of State

08-14-2008 90002 012 ****61.25

DOCUMENT # N27131		
1. Entity Name COUNTRY OAK ESTATES HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 40347 US 19 N STE 229 TARPON SPRINGS, FL 34689 US		Mailing Address 40347 US 19 N STE 229 TARPON SPRINGS, FL 34689 US
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent RANALLO, JIM 40347 US 19 N STE 229 TARPON SPRINGS, FL 34689		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when relinquishing) <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____		
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BRAY, KEN 2129 COLUSA CT PALM HARBOR, FL 34683	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PIPER, CHERYLE 605 TOMOKA DRIVE PALM HARBOR, FL 34683	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMSTRONG, BRENT 645 TOMOKA DRIVE PALM HARBOR, FL 34683	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/7/08 127-938-7730 <small>Date Daytime Phone #</small>