2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# N27131

Entity Name: COUNTRY OAK ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

40347 US 19 N
STE 229
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

40347 US 19 N
STE 229
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-2895830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RANALLO, JIM
40347 US 19 N
STE 229
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

CITADEL PROPERTY MANAGEMENT GROUP INC
40347 US 19 N
STE 229
TARPON SPRINGS, FL 34689 US

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: JIM RANALLO, LCAM 01/31/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: BRAY, KEN
Address: 2129 COLUSA CT
City-St-Zip: PALM HARBOR, FL 34683

Title: SD ( ) Delete
Name: PIPER, CHERYLE
Address: 605 TOMOKA DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: ARMSTRONG, BRENT
Address: 645 TOMOKA DRIVE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SLAMA, EVELYN
Address: 774 TOMOKA DRIVE
City-St-Zip: PALM HARBOR, FL 34683

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: JIM RANALLO, LCAM MGR 01/31/2009
Electronic Signature of Signing Officer or Director Date