


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90036 008 ****61.25

DOCUMENT # N34456		
1. Entity Name THE COUNTRY OAKS LOT OWNERS ASSOCIATION, INC.		

Principal Place of Business 9964 COUNTRY OAKS DR FORT MYERS, FL 33912 US	Mailing Address DIRECTORS 9964 COUNTRY OAKS DR FORT MYERS, FL 33912 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4000



01252007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBINSON, BOB 9754 COUNTRY OAKS DR. FORT MYERS, FL 33912		Name <u>Bob Jahn</u> Street Address (P.O. Box Number is Not Acceptable) <u>9862 Country Oaks Dr</u> City <u>Fort Myers</u> FL Zip Code <u>33967</u>	

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 Bob Jahn - President DATE 1-25-07
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNIGHT, BILL 9790 COUNTRY OAKS DR FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Herb Tschischik</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>19550 Waters way</u> <u>Fort Myers FL 33967</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SABA, MIKE 9963 COUNTRY OAKS DR FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Cindy McCullough</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>9755 Country Oaks Dr.</u> <u>Fort Myers FL 33967</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARNOLD, JOHN 9859 COUNTRY OAKS DR FT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Dee Masterson</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>9846 Country Oaks Dr.</u> <u>Fort Myers FL 33967</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FEENEY, MICHELLE 19571 WATERS WAY FT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Linda Striker</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>19570 Waters way</u> <u>Fort Myers FL 33967</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHN, BOB 9862 COUNTRY OAKS DR FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAHN, ROBERT 9862 COUNTRY OAKS DR FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: D. Masterson DATE 1-25-07 DAYTIME PHONE # 239-489-4890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR