

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90202 034 ****61.25

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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		
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	4. FEI Number 59-2916110	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBINSON, BOB 9862 COUNTRY OAKS DRIVE ANYERS, FL 33967				Name Bob Jahn Street Address (P.O. Box Number is Not Acceptable) 9862 Country Oaks Dr City Fort Myers FL Zip Code 33967	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-29-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TSCHISCHIK, HERB		NAME		
STREET ADDRESS	19550 WATERS WAY		STREET ADDRESS		
CITY-ST-ZIP	FT MEYERS, FL 33967		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCULLOUGH, CINDY		NAME		
STREET ADDRESS	9755 COUNTRY OAKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT MEYERS, FL 33967		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASTERSON, DEE		NAME		
STREET ADDRESS	9846 COUNTRY OAKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FT MEYERS, FL 33967		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRIKER, LINDA		NAME		
STREET ADDRESS	19570 WATERS WAY		STREET ADDRESS		
CITY-ST-ZIP	FT MEYERS, FL 33967		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAHN, ROBERT		NAME		
STREET ADDRESS	9862 COUNTRY OAKS DR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-29-08 Daytime Phone # 239-489-4890		