


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90475 035 ****61.25

DOCUMENT # N40176 1. Entity Name COUNTRY ACRES SUBDIVISION, UNIT NO. 4 HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 250644 HOLLY HILL, FL 32125			Mailing Address POST OFFICE BOX 250644 HOLLY HILL, FL 32125		
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 730083</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Diamond Beach, FL</i>		4. FEI Number 59-3032015	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <i>32174</i>		Country <i>USA</i>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOOKER, KIM C 170 BLOXHAM AVENUE ORANGE CITY, FL 32763			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	VTD ELLIS, TERRY 3581 RED BARN LN. ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Harry Warrick</i> <i>3440 Prancer Lane</i> <i>Diamond Beach, FL 32174</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>V. President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, RONALD 3561 RED BARN LN. ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Barbara Sparby</i> <i>3440 Prancer Lane</i> <i>Diamond Beach, FL 32174</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Sec/Treasurer</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUDSON, KEVIN 255 GOLDEN SADDLE LANE ORMOND BEACH, FL	<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	PD CASWELL, BENJAMIN 3440 PRANCER LANE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bill Smith</i> <i>3440 Prancer Lane</i> <i>Diamond Beach, FL 32174</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<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 exemption stated in Section 119.07(3)(i), 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: <i>Barbara Sparby</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

06 40073166



04272005 Chg-NP CR2E037 (10/03)