

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40176

FILED
Mar 07, 2008
Secretary of State

Entity Name: COUNTRY ACRES SUBDIVISION, UNIT NO. 4 HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 730083
ORMOND BEACH, FL 32173

New Principal Place of Business:

3441 PRANCER LANE
ORMOND BEACH, FL 32174

Current Mailing Address:

P.O. BOX 730083
ORMOND BEACH, FL 32173

New Mailing Address:

FEI Number: 59-3032015 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOOKER, KIM C
170 BLOXHAM AVENUE
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WARNICK, HARRY
Address: 3440 PRANCER LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST () Delete
Name: SPARBY, BARBARA
Address: 3440 PRANCER LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: P () Delete
Name: SMITH, BILL
Address: 3440 PRANCER LANE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WARNICK, HARRY
Address: 3441 PRANCER LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST (X) Change () Addition
Name: SPARBY, BARBARA
Address: 3441 PRANCER LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: P (X) Change () Addition
Name: SMITH, BILL
Address: 3441 PRANCER LANE
City-St-Zip: ORMOND BEACH, FL 32174

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: BARBARA SPARBY

ST

03/07/2008

Electronic Signature of Signing Officer or Director

Date