


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N41044
1. Entity Name
COUNTRYSIDE ACRES OWNERS ASSOCIATION, INC.



Principal Place of Business
**P O BOX 204
BRYCEVILLE, FL 32009 US**

Mailing Address
**P O BOX 204
BRYCEVILLE, FL 32009 US**

DO NOT WRITE IN THIS SPACE



08112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3062367 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCLEOD, JO ANN
RT 1, BOX 3069
BRYCEVILLE, FL 32009**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P LOWE, TIMOTHY M 1444 COUNTRYSIDE ACRES AVE BRYCEVILLE, FL 32009 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S LOWE, DEBRA 1444 COUNTRYSIDE ACRES AVE BRYCEVILLE, FL 32009 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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08/15/05-80002-005 61.25

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: Debra L. Lowe **DEBRA L. LOWE** 8-10-05(904)266-2975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #