


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 05, 2008 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



09022008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3062367</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000959097  
 09/05/08-80002-002 61.25

**DO NOT WRITE IN THIS SPACE**

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:** *Debra Lowe*      9-2-08      266-2975  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #