


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 59-3062367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCLEOD, JO ANN
 RT 1, BOX 3069
 BRYCEVILLE, FL 32009

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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	

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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 #