2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41044

FILED Jul 09, 2009 Secretary of State

Entity Name: COUNTRYSIDE ACRES OWNERS ASSOCIATION, INC.	
Current Principal Place of Business:	New Principal Place of Business:
P O BOX 204 BRYCEVILLE, FL 32009 US	1444 COUNTRYSIDE ACRES BRYCEVILLE, FL 32009 US
Current Mailing Address:	New Mailing Address:
P O BOX 204 BRYCEVILLE, FL 32009 US	1444 COUNTRYSIDE ACRES BRYCEVILLE, FL 32009 US
FEI Number: 59-3062367	
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
MCLEOD, JO ANN RT 1, BOX 3069 BRYCEVILLE, FL 32009 US	LOWE, DEBRA 1444 COUNTRYSIDE ACRES BRYCEVILLE, FL 32009 US
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: DEBRA L. LOWE	07/09/2009
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P () Delete Name: LOWE, TIMOTHY M Address: 1444 COUNTRYSIDE ACRES AVE City-St-Zip: BRYCEVILLE, FL 32009	Title: () Change () Addition Name: Address: City-St-Zip:
Title: S () Delete Name: LOWE, DEBRA Address: 1444 COUNTRYSIDE ACRES AVE City-St-Zip: BRYCEVILLE, FL 32009	Title: () Change () Addition Name: Address: City-St-Zip:

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: DEBRA L. LOWE SECR 07/09/2009