

# 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:**

P O BOX 204  
BRYCEVILLE, FL 32009 US

**New Principal Place of Business:**

1444 COUNTRYSIDE ACRES  
BRYCEVILLE, FL 32009 US

**Current Mailing Address:**

P O BOX 204  
BRYCEVILLE, FL 32009 US

**New Mailing Address:**

1444 COUNTRYSIDE ACRES  
BRYCEVILLE, FL 32009 US

**FEI Number:** 59-3062367      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: LOWE, TIMOTHY M  
Address: 1444 COUNTRYSIDE ACRES AVE  
City-St-Zip: BRYCEVILLE, FL 32009

Title: S ( ) Delete  
Name: LOWE, DEBRA  
Address: 1444 COUNTRYSIDE ACRES AVE  
City-St-Zip: BRYCEVILLE, FL 32009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

Date