

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003025

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** COUNTRY PALMS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 430  
TALLEVAST, FL 342700430 US

**New Principal Place of Business:**

7727 36TH LANE E  
SARASOTA, FL 34243 US

**Current Mailing Address:**

P O BOX 430  
TALLEVAST, FL 342700430 US

**New Mailing Address:**

**FEI Number:** 65-0767660      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GREY, BRIAN  
7727 36TH LANE EAST  
SARASOTA, FL 34243 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GREY, BRIAN  
Address: 7727 34TH LANE E  
City-St-Zip: SARASOTA, FL 34243

Title: V ( ) Delete  
Name: HOERMANN, JOHN  
Address: 7726 36TH LANE E  
City-St-Zip: SARASOTA, FL 34243

Title: T ( ) Delete  
Name: GROLNIC, DEBRA  
Address: 3622 78TH AVE E  
City-St-Zip: SARASOTA, FL 34243

Title: S ( ) Delete  
Name: CARAUELLO, PAM  
Address: 7739 37TH ST E  
City-St-Zip: SARASOTA, FL 34243

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

Title: P (X) Change ( ) Addition  
Name: GREY, BRIAN  
Address: 7727 36TH LANE E  
City-St-Zip: SARASOTA, FL 34243

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

Title: T (X) Change ( ) Addition  
Name: BURNS, JULIA  
Address: 7732 37TH ST E  
City-St-Zip: SARASOTA, FL 34243

Title: S (X) Change ( ) Addition  
Name: CARAUELLO, PAM  
Address: 6528 38TH LANE E  
City-St-Zip: SARASOTA, FL 34243

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: JULIA BURNS

MS

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date