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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747922 (3)
1. Corporation Name
THE HOMEOWNERS' ASSOCIATION OF COUNTRYPLACE, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business: P.O. BOX 21173, SARASOTA, FL 34278
Mailing Address: P.O. BOX 21173, SARASOTA, FL 34278

3. Date incorporated or Qualified: 06/29/1979
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2293313
Applied For: Not Applicable

2. Principal Place of Business: 21 Suite, Apt. #, etc.
2a. Mailing Address: 26 Suite, Apt. #, etc.
23 City & State: 27 City & State
24 Zip: 25 Country: 29 Zip: 30 Country:

5. Certificate of Status Desired: \$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**PEREZ, WILLIAM
4031 COUNTRY VIEW DR
SARASOTS FL 34233**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

| 12. OFFICERS AND DIRECTORS | |
|-------------------------------------------------------------------------------------------------------------|--|
| TITLE: PD NAME: HELGASON, HALIDOR STREET ADDRESS: 4018 COUNTRY VIEW DRIVE CITY-ST-ZIP: SARASOTA FL | |
| TITLE: VD NAME: WILLIAMSON, BOY STREET ADDRESS: 3820 COUNTRYSIDE LANE CITY-ST-ZIP: SARASOTA FL | |
| TITLE: TD NAME: ABSHIRE, MICHAEL STREET ADDRESS: 3951 COUNTRYSIDE VIEW CITY-ST-ZIP: SARASOTA FL | |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE: PD 1.2 NAME: ROBERT SAUER 1.3 STREET ADDRESS: 3683 COUNTRY PLACE BLVD 1.4 CITY-ST-ZIP: SARASOTA, FL 34233 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE: VD 2.2 NAME: ROBERT STERNBERGER 2.3 STREET ADDRESS: 3905 COUNTRY VIEW DR 2.4 CITY-ST-ZIP: SARASOTA FL 34233 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Michael Abshire 4/26/99 (813) 921-5000
MICHAEL ABSHIRE TREASURER