


FILE NOW: FILING FEE IS \$61.25

FILED
May 08, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747922

1. Corporation Name
THE HOMEOWNERS' ASSOCIATION OF COUNTRYPLACE, INC.

Principal Place of Business P.O. BOX 21173 SARASOTA, FL 34276	Mailing Address P.O. BOX 21173 SARASOTA, FL 34276
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/29/1979	4. FEI Number 59-2293313	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

MILES, WILLIAM G
3736 COUNTRYSIDE RD
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name **KLUONG, MATT**
 82 Street Address (P.O. Box Number is Not Acceptable)
3717 COUNTRYSIDE ROAD
 83
 84 City **SARASOTA** FL 85 Zip Code **34233**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Matt Kluing* DATE **4-28-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LABASH, JOAN	
STREET ADDRESS	3600 COUNTRY PLACE BLVD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SAUER, NANCY	
STREET ADDRESS	3683 COUNTRY PLACE BLVD	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MILES, WILLIAM G.	
STREET ADDRESS	3736 COUNTRYSIDE RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BORTER, BILL	
2.3 STREET ADDRESS	3646 COUNTRY PLACE BLVD	
2.4 CITY-ST-ZIP	SARASOTA, FL 34233	
3.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KLUONG, MATT	
3.3 STREET ADDRESS	3717 COUNTRYSIDE RD.	
3.4 CITY-ST-ZIP	SARASOTA, FL 34233	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BALLEE, FRANK	
4.3 STREET ADDRESS	3697 COUNTRY PLACE BLVD	
4.4 CITY-ST-ZIP	SARASOTA, FL 34233	
5.1 TITLE	ACT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	IRELAND, MIKE	
5.3 STREET ADDRESS	3686 COUNTRY PLACE BLVD	
5.4 CITY-ST-ZIP	SARASOTA, FL 34233	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Slavette FLORES* DATE: **4-28-99** DAYTIME PHONE #: **941923-7991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (11/98)