

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90382 040 \*\*\*\*\*61.25

**DOCUMENT # 747922**

1. Entity 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



2. Principal Place of Business

3. Mailing Address

04272004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-2293313

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURNER, CHARLES**  
**4030 COUNTRYVIEW DRIVE**  
**SARASOTA, FL 34233**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VSD** ☒ Delete  
NAME **ARTHUR, NADEL**  
STREET ADDRESS **3966 COUNTRY SIDE DRIVE**  
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **PD** ☒ Delete  
NAME **O'CONNOR, ART**  
STREET ADDRESS **4026 COUNTRYVIEW DRIVE**  
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **VD** ☒ Delete  
NAME **TOBEY, JOHN**  
STREET ADDRESS **3737 COUNTRYSIDE ROAD**  
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **SD** ☒ Delete  
NAME **YAEGER, ROBERT**  
STREET ADDRESS **3667 COUNTRYPLACE BLVD.**  
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **D** ☒ Delete  
NAME **SPEICHER, ELLIS**  
STREET ADDRESS **3690 COUNTRYPLACE BLVD.**  
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **D** ☒ Delete  
NAME **NADEL, ARTHUR**  
STREET ADDRESS **3966 COUNTRYVIEW DRIVE**  
CITY-ST-ZIP **SARASOTA, FL 34233**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSD** ☒ Change ☐ Addition  
NAME **NADEL, ARTHUR**  
STREET ADDRESS **3966 COUNTRYVIEW DRIVE**  
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **VD** ☐ Change ☒ Addition  
NAME **FARRELL, PATRICIA**  
STREET ADDRESS **4003 COUNTRYVIEW DRIVE**  
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **TD** ☐ Change ☒ Addition  
NAME **TURNER, CHARLES**  
STREET ADDRESS **4030 COUNTRYVIEW DRIVE**  
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Charles Turner* **CHARLES TURNER**

**4/27/04**

**(941) 923-7217**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #