2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State
02-14-2008 90025 002 ****61.25

DOCUMENT # 747922

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

Principal Place of Business	Mailing Address
P.O. BOX 21173 SARASOTA, FL 34276	P.O. BOX 21173 SARASOTA, FL 34276

02112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2293313 ☐ Applied For ☐ Not Applicable

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
CAPPS, TENNIE A 3971 COUNTRY VIEW DR. SARASOTA, FL 34233	Name: BAILEY, VINSON Street Address (P.O. Box Number is Not Acceptable): 3749 COUNTRYSIDE ROAD City: SARASOTA FL Zip Code: 34233

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: Vinson Bailey Feb 11, 2008
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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAPPS, TENNIE A 3971 COUNTRY VEIW DR. SARASOTA, FL 34233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BAILEY, VINSON 3749 Countryside Rd Sarasota, FL 34233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FALLON, RICHARD L 3816 COUNTRYSIDE LANE SARASOTA, FL 34233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARABURDA, Russell 3905 COUNTRYVIEW DRIVE SARASOTA, FL 34233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THEOFNOUS, LINDA 3776 COUNTRYSIDE RD. SARASOTA, FL 34233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAABS, DENNIS 3646 COUNTRYPLACE Blvd SARASOTA FL 34233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ELLSWORTH, BARBARA 3810 COUNTRYSIDE LANE SARASOTA, FL 34233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCELEAVY, JUNE 3828 CTRY PL LN SARASOTA, FL 34233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Vinson Bailey Feb 11, 2008 941-923-9215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #