

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747922

FILED
Apr 09, 2009
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 21173
SARASOTA, FL 34276

New Principal Place of Business:

3822 COUNTRYSIDE LANE
SARASOTA, FL 34233

Current Mailing Address:

P.O. BOX 21173
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 59-2293313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, VINSON
3749 COUNTRYSIDE ROAD
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

LOBECK & HANSON, P.A.
2033 MAIN STREET
SUITE 403
SARASOTA, FL 34237 US

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: MARK HANSON

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BAILEY, VINSON
Address: 3749 COUNTRYSIDE RD
City-St-Zip: SARASOTA, FL 34233

Title: PD () Delete
Name: HARABURDA, RUSSELL
Address: 3905 COUNTRY VIEW DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: SD () Delete
Name: LAABS, DENNIS
Address: 3646 COUNTRYPLACE BLVD
City-St-Zip: SARASOTA, FL 34233

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPTD (X) Change () Addition
Name: MORRIS, GORDON J
Address: 3822 COUNTRYSIDE LANE
City-St-Zip: SARASOTA, FL 34233

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

Title: SD (X) Change () Addition
Name: CATLETT, CELIA
Address: 3624 COUNTRY PLACE LANE
City-St-Zip: SARASOTA, FL 34233

Title: D () Change (X) Addition
Name: MASLOW, ART
Address: 3791 COUNTRYSIDE RD
City-St-Zip: SARASOTA, FL 34233

Title: D () Change (X) Addition
Name: PENDLETON, DAVID
Address: 3911 COUNTRY VIEW CIRCLE
City-St-Zip: SARASOTA, FL 34233

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: GORDON J. MORRIS

VPTD

04/09/2009

Electronic Signature of Signing Officer or Director

Date