

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91278 006 ****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

11022965



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

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

LYNN, COR A
3616 COUNTRY PLACE
SARASOTA FL 34233

Name **TURNER, CHARLES**

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

4030 COUNTRYVIEW DRIVE

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

(NOTE: Registered Agent signature required when reinstating)

4/25/03

DATE

FILE NOW: FEE IS \$61.25

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

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

TITLE **TD** ☒ Delete
NAME **COX, LYNN**
STREET ADDRESS **3616 COUNTRY PLACE LANE**
CITY-ST-ZIP **SARASOTA FL 34233**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **YAAGER, ROBERT**
STREET ADDRESS **3667 COUNTRYPLACE BLVD.**
CITY-ST-ZIP **SARASOTA, FL. 34233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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
REQUIRED

4/25/03

(941) 923-7217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)