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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750236 (2)

1. Corporation Name

CYPRESS BEND HOMEOWNERS ASSOCIATION OF COUNTRYSIDE, INC.

Principal Place of Business	Mailing Address
2673 PEACHTREE CIRCLE CLEARWATER FL 34621 US	2673 PEACHTREE CIRCLE CLEARWATER FL 34621 US

2. Principal Place of Business	2a. Mailing Address
21 2585 Winding Wood Dr	26 2585 Winding Wood Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Clearwater, Fl.	City & State 28 clearwater, Fl.
Zip 24 33761 / Country 25 USA	Zip 29 33761 / Country 30 USA

3. Date Incorporated or Qualified: 12/17/1979

4. FEI Number: 59-2455796 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARBIG, NEIL 2673 PEACHTREE CIRCLE CLEARWATER FL 34621	81 Name: Barbara Lewis 82 Street Address (P.O. Box Number is Not Acceptable): 2585 Winding Wood Dr. 83 84 City: clearwater FL 85 Zip Code: 33761

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: Barbara Lewis — 1/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	HARBIG, NEIL		1.2 NAME	Lewis, Barbara	
STREET ADDRESS	2673 PEACHTREE CIRCLE		1.3 STREET ADDRESS	2585 Winding Wood Drive	
CITY-ST-ZIP	CLEARWATER FL 34621		1.4 CITY-ST-ZIP	clearwater, Fl. 33761	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	SULLIVAN, MARY ELLEN		2.2 NAME	~~michelle~~ Opie, michelle	
STREET ADDRESS	2781 COTTONWOOD COURT		2.3 STREET ADDRESS	2507 Dogwood Ct.	
CITY-ST-ZIP	CLEARWATER FL 34621		2.4 CITY-ST-ZIP	clearwater, Fl. 33761	
TITLE	T	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	SIMPSON, CLYDE T		3.2 NAME	~~Neil~~ Harbig, Neil	
STREET ADDRESS	2519 DOGWOOD COURT		3.3 STREET ADDRESS	2673 Peachtree Cir. E.	
CITY-ST-ZIP	CLEARWATER FL 34621		3.4 CITY-ST-ZIP	clearwater, Fl. 33761	
TITLE	S	☒ DELETE	4.1 TITLE	S	☒ Change ☒ Addition
NAME	LEWIS, BARBARA		4.2 NAME	Sullivan, Mary Ellen	
STREET ADDRESS	2585 WINDING WOOD DRIVE		4.3 STREET ADDRESS	2781 cottonwood ct.	
CITY-ST-ZIP	CLEARWATER FL 34621		4.4 CITY-ST-ZIP	clearwater, Fl. 33761	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	DOYLE, JACK		5.2 NAME	Potts, Michael	
STREET ADDRESS	2786 PEACHTREE CIRCLE		5.3 STREET ADDRESS	2503 Cypress Bend Dr.	
CITY-ST-ZIP	CLEARWATER FL 34621		5.4 CITY-ST-ZIP	clearwater, Fl. 33761	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	GANS, PHILLIP		6.2 NAME	Smith, Christa	
STREET ADDRESS	2517 HICKORY COURT		6.3 STREET ADDRESS	2521 Cypress Bend Dr.	
CITY-ST-ZIP	CLEARWATER FL 34621		6.4 CITY-ST-ZIP	clearwater, Fl. 33761	

CR2E037 (10/97)

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.

SIGNATURE: Barbara Lewis — 1/20/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #