

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:18

DOCUMENT # 764731 (6)
1. Corporation Name
COUNTRYBROOK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

C/O FLORIDA CENTRAL MANAGEMENT
28163 US 19 N. S-202
CLEARWATER FL 34621-9696

C/O FLORIDA CENTRAL MANAGEMENT
28163 US 19 N. S-202
CLEARWATER FL 34621-9696

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/27/1992
3a. Date of Last Report 04/22/1994

4. FEI Number 59-2350099
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 2430 ESTANCIA BLVD. 26 2430 ESTANCIA BLVD.

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 SUITE #114 27 SUITE #114

City & State City & State

23 CLEARWATER, FL. 28 CLEARWATER, FL.

Zip Country Zip Country

24 34621 25 PINELLAS 29 34621 30 PINELLAS

9. Name and Address of Current Registered Agent

FLORIDA CENTRAL MANAGEMENT
28163 US 19 N
S202
CLEARWATER FL 34621-9696

10. Name and Address of New Registered Agent

81 Name FLORIDA CENTRAL MANAGEMENT, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 2430 ESTANCIA BLVD.
83 SUITE #114
84 City CLEARWATER FL 85 Zip Code 34621

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Sheraldine Rowe* (MAILING ADDRESS ONLY) 3-22-95
DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	RINGLER, MORT
STREET ADDRESS	2844 COUNTRYBROOK DR. 22
CITY - ST - ZIP	PALM HARBOR, FL 00000
TITLE	SD
NAME	ROWE, GERRY
STREET ADDRESS	3538 COUNTRY BROOK DR., #E14
CITY - ST - ZIP	PALM HARBOR FL
TITLE	TD
NAME	DEPHOURE, GERRY
STREET ADDRESS	3535 COUNTRYBROOK DR S24
CITY - ST - ZIP	PALM HARBOR, FL 00000
TITLE	P
NAME	FLETCHER, QUIN
STREET ADDRESS	3540 COUNTRYBROOK DR S22
CITY - ST - ZIP	PALM HARBOR FL
TITLE	D
NAME	STEVENS, DONNA
STREET ADDRESS	2815 COUNTRYBROOK DR M24
CITY - ST - ZIP	PALM HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEWIS, RONALD	
2.3 STREET ADDRESS	2850 COUNTRYBROOK LANE #F-16	
2.4 CITY - ST - ZIP	PALM HARBOR, FL. 34684	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROWE, GERRY	
4.3 STREET ADDRESS	2825 COUNTRYBROOK LANE #K-22	
4.4 CITY - ST - ZIP	PALM HARBOR, FL. 34684	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DESABATINO, VICTORIA	
5.3 STREET ADDRESS	2839 COUNTRYBROOK DRIVE #I-15	
5.4 CITY - ST - ZIP	PALM HARBOR, FL. 34684	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Sheraldine Rowe* *Gerrardine J. Rowe* PRESIDENT 3-23-95 813-255-0227
DATE