

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



Principal Place of Business: **2430 ESTANCIA BLVD. SUITE 114 CLEARWATER FL 34621 US**  
Mailing Address: **2430 ESTANCIA BLVD. SUITE 114 CLEARWATER FL 34621 US**

3. Date Incorporated or Qualified: **08/27/1982**  
3a. Date of Last Report: **03/31/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**FLORIDA CENTRAL MANAGEMENT INC  
2430 ESTANCIA BLVD.  
SUITE 114  
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent  
**81** Name: \_\_\_\_\_  
**82** Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
**83** \_\_\_\_\_  
**84** City: **FL** **85** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent (do not type title) \_\_\_\_\_  
Signature typed or printed name of officer or director (do not type title) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGLER, MORT	1.2 NAME	LEWIS, RON
STREET ADDRESS	2844 COUNTRYBROOK DR. 22	1.3 STREET ADDRESS	2850 COUNTRYBROOK LANE #F-16
CITY-ST-ZIP	PALM HARBOR, FL 00000	1.4 CITY-ST-ZIP	PALM HARBOR, FL. 34684
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, RONALD	2.2 NAME	MELLINGTON, FRANCES
STREET ADDRESS	2850 COUNTRYBROOK LANE #F-16	2.3 STREET ADDRESS	2845 COUNTRYBROOK LANE #G-22
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	PALM HARBOR, FL. 34684
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPHOURE, GERRY	3.2 NAME	AUSTIN, THOMAS
STREET ADDRESS	3535 COUNTRYBROOK DR S24	3.3 STREET ADDRESS	3536 COUNTRYBROOK LANE #E-24
CITY-ST-ZIP	PALM HARBOR, FL 00000	3.4 CITY-ST-ZIP	PALM HARBOR, FL. 34684
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, GERRY	4.2 NAME	
STREET ADDRESS	2825 COUNTRYBROOK LANE #K-22	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISABATINO, VICTORIA	5.2 NAME	
STREET ADDRESS	2839 COUNTRYBROOK DRIVE #I-15	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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: *Ronald Lewis* **RONALD D LEWIS** **4/12/96** **781-7686**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)