FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(6)

COUNTRYBROOK CONDOMINIUM ASSOCIATION, INC.

FILED	
Feb 17 1998 8:00am	1
Secretary of State	

Principal Place of Business	Mailing Address	<u></u>								
2430 ESTANCIA BLVD. SUITE 114 CLEARWATER FL 34621 US	2430 estancia blvd. Suite 114 Glearwater Fl 34621 US			4. FEIN	3. Date Incorporated or Qualified 08/27/1982 4. FEI Number Applied For S9-2350099 Not Applied					
2. Principal Place of Business 21 2753 STATE ROAD	2a. Mailing Address 580 28 2753 STATE	ROAD	58	E Corti	ificate of Status Desired			75 Additional e Required		
Suite, Apt. #, etc. 22 #207	Suite, Apt. #, etc.			6. Electi	tion Campaign Financing t Fund Contribution			00 May Be ed to Fees		
City & State CLEARWATER FL	City & State 28 CLEARWATER	R_FL		7. Is this	is nonprofit corporation a ho		assoc No	iation?		
24 33761 25	ountry Zip 29 33761	Соцп 30	atry	Perso	corporation owes or has pai onal Property Tax due June	30. C	Yes	r Intangible No		
9. Name and A	iddress of Current Registered Agent			10. Nam	ne and Address of New Re	gistered A	gent			
MAUREEN C. REARDON	1		91 92	Name						
2753 STATE ROAD 580 #207				Street Address (P.O. Bo	eet Address (P.O. Box Number is Not Acceptable)					
CLEARWATER FL 34621			93							
			84	City		FL	85	^Z 33761		
 Pursuant to the provisions of office or registered agent, or 	Sections 617,0502 and 617,1508, Florida State both, in the State of Florida, Such change was	utes, the abo	ove by	named corporation subr	mits this statement for the proof directors. I hereby accept	urpose of	changi	ng its registered		

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE Signature, hypod or proved name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
			Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	V	DELETE	1.1 TITLE	V/D	Change	Addition				
NAME	Lewis, ron		1.2 NAME	', -						
STREET ADDRESS	2850 COUNTRYBROOK LANE, #F-16		1.3 STREET ADDRESS		•					
CITY - ST - ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP							
TITLE	\$O	DELETE	2.1 TITLE		☐ Change	Addition				
NAME	MELLINGTON, FRANCES		2.2 NAME							
STREET ADDRESS	2845 COUNTRYBROOK LANE, #G-22		2.3 STREET ADDRESS							
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP							
TITLE	TD	DELETE	3.1 TIYLE		☐ Change	Addition				
NAME	AUSTIN, THOMAS		32 NAME							
STREET ADDRESS	3536 COUNTRYBROOK LANE, #E-24		3.3 STREET ADDRESS							
CITY-ST-ZIP	PALM HARBOR FL		3.4. CITY-ST-ZIP							
TITLE	P	☐ DELETE	4.1 TITLE	P/D	Change Change	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	DELETE	5.1 TITLE		Change	☐ 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		DELETE	6.1 TITLE		☐ Change	Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							

6.4 CITY - ST - ZIP 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:

8/3-785-0727