


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90144 031 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764731**

1. Corporation Name  
**COUNTRYBROOK CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 2753 SR 580 SUITE 207 CLEARWATER FL 33761 US	Mailing Address 2753 SR 580 SUITE 207 CLEARWATER FL 33761 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 08/27/1982	4. FEI Number 59-2350099	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAUREEN C. REARDON 2753 STATE ROAD 580 #207 CLEARWATER FL 34621				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, RON		1.2 NAME	ARESTIA, ROSARIO	
STREET ADDRESS	2850 COUNTRYBROOK LANE, #F-16		1.3 STREET ADDRESS	2815 COUNTRYBROOK DRIVE #M15	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUSTIN, THOMAS		3.2 NAME	DERMODY JR., WINCHESTER	
STREET ADDRESS	3536 COUNTRYBROOK LANE, #E-24		3.3 STREET ADDRESS	3450 COUNTRYBROOK LANE #D15	
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	PD	<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 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, with all other like empowered.

SIGNATURE: *[Signature]* 1-13-99 727-785-0727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)