

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764731

1. Entity Name

COUNTRYBROOK CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90081 015 ****61.25



DO NOT WRITE IN THIS SPACE

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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2350099	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MAUREEN C. REARDON
2753 STATE ROAD 580 #207
CLEARWATER FL 34621

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	ARESTIA, ROSARIO	
STREET ADDRESS	2815 COUNTRYBROOK DR. #M15	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MELLINGTON, FRANCES	
STREET ADDRESS	2845 COUNTRYBROOK LANE, #G-22	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DERMODY, WINCHESTER JR.	
STREET ADDRESS	3450 COUNTRYBROOK LANE #D15	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROWE, GERRY	
STREET ADDRESS	2825 COUNTRYBROOK LANE #K-22	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DISABATINO, VICTORIA	
STREET ADDRESS	2839 COUNTRYBROOK DRIVE #I-15	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, JILL	
STREET ADDRESS	2845 COUNTRYBROOK DRIVE, #G11	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSS, ROBERT	
STREET ADDRESS	2866 COUNTRYBROOK DRIVE, #A23	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAGGESO, MARGARET	
STREET ADDRESS	2842 COUNTRYBROOK DRIVE, #H14	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jill Carlson* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **3/24/2000** **(727) 286-6932**
Date Daytime Phone #

CR2E037 (9/99)