

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
Mar 03, 1997 8:00 am
Secretary of State

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

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **08/27/1982** 3a. Date of Last Report
4. FEI Number **59-2350099** Applied For
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 2a. Mailing Address
21 **2753 STATE ROAD 580 #207** 26 **2753 STATE ROAD 580 #207**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **CLEARWATER FL** 28 **CLEARWATER FL**
24 Zip **34621** 25 Country **USA** 29 Zip **34621** 30 Country **USA**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
81 Name **MAUREEN C. REARDON**
82 Street Address (P.O. Box Number is Not Acceptable) **2753 STATE ROAD 580 #207**
83
84 City **CLEARWATER** FL 85 Zip Code **34621**

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 617.503, Florida Statutes.
SIGNATURE *Maureen C. Reardon* DATE **2-14-97**
Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	ROWE, GERALDINE
STREET ADDRESS		1.3 STREET ADDRESS	2825 COUNTRYBROOK DRIVE #K22
CITY-ST-ZIP		1.4 CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	LEWIS, RONALD
STREET ADDRESS		2.3 STREET ADDRESS	2850 COUNTRYBROOK DRIVE #F16
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MELLINGTON, FRANCES
STREET ADDRESS		3.3 STREET ADDRESS	2845 COUNTRYBROOK DRIVE #G22
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	AUSTIN, TOM
STREET ADDRESS		4.3 STREET ADDRESS	3536 COUNTRYBROOK LANE #E24
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DISABATINO, VICTORIA
STREET ADDRESS		5.3 STREET ADDRESS	2839 COUNTRYBROOK DRIVE #I15
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PALM HARBOR FL 34684
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	4000021043843.97
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-03/05/97--01009--01P ***61.25

14. I do 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: *Geraldine J. Rowe* DATE **2-20-97** DAYTIME PHONE # **813-785-0727**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GERALDINE J. ROWE

CR2E037 (9/96)