

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 764731**

1. Entity Name  
 COUNTRYBROOK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2753 SR 580 SUITE 207 CLEARWATER 33761 US	FL	Mailing Address 2753 SR 580 SUITE 207 CLEARWATER 33761 US	FL
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number  
**59-2350099**

Applied For	
Not Applicable	

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAUREEN C. REARDON 2753 STATE ROAD 580 #207 CLEARWATER FL 34621 US		Name MAUREEN C. REARDON Street Address (P.O. Box Number is Not Acceptable) 2753 STATE ROAD 580 #207 City CLEARWATER FL Zip Code 33761	

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 \_\_\_\_\_ DATE **02/13/2001**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAGGESO MARGARET			NAME	WHITEHEAD ROSA		
STREET ADDRESS	2842 COUNTRYBROOK DRIVE H14			STREET ADDRESS	2866 COUNTRYBROOK DRIVE A23		
CITY-ST-ZIP	PALM HARBOR FL 34684			CITY-ST-ZIP	PALM HARBOR FL 34684		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSS ROBERT			NAME			
STREET ADDRESS	2866 COUNTRYBROOK DRIVE A23			STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34684			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARLSON JILL			NAME	CARLSON JILL		
STREET ADDRESS	2845 COUNTRYBROOK DRIVE 611			STREET ADDRESS	2845 COUNTRYBROOK DRIVE G11		
CITY-ST-ZIP	PALM HARBOR FL 34684			CITY-ST-ZIP	PALM HARBOR FL 34684		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELLINGTON FRANCES			NAME	MELLINGTON FRANCES		
STREET ADDRESS	2845 COUNTRYBROOK LANE, #G-22			STREET ADDRESS	2845 COUNTRYBROOK LANE, #G-22		
CITY-ST-ZIP	PALM HARBOR FL			CITY-ST-ZIP	PALM HARBOR FL 34684		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARESTIA ROSARIO			NAME			
STREET ADDRESS	2815 COUNTRYBROOK DR. #M15			STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34684			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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 PD 02/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)