

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764731

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: COUNTRYBROOK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 59-2350099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REARDON, MAUREEN C  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: ARESTIA, ROSARIO  
Address: 2815 COUNTRYBROOK DR. #M15  
City-St-Zip: PALM HARBOR, FL 34684

Title: PD ( ) Delete  
Name: KULESA, STANLEY  
Address: 2850 COUNTRYBROOK DR, #F-23  
City-St-Zip: PALM HARBOR, FL 34684

Title: TD ( ) Delete  
Name: FALCIONE, PAM  
Address: 2816 COUNTRYBROOK DRIVE I13  
City-St-Zip: PALM HARBOR, FL 34684

Title: SD ( ) Delete  
Name: SERLIN, BEVERLY  
Address: 2850 COUNTRYBROOK DRIVE, F-15  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: MIHALOVICS, LOU  
Address: 2845 COUNTRYBROOK DRIVE G13  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STAN KULESA

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date