FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 12 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05163 (3)

1. Corporation Name

COUNTRYSIDE IMPERIAL RIDGE HOMEOWNERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
C/O UNIVERSITY PROPERTIES INC 624 E FLETCHER AVE TAMPA FL 33612	C/O UNIVERSITY PROPERTIES INC 624 E FLETCHER AVE TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1984
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-2497584 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RAYBURN, LAURA J P.A.
1988 BAYSHORE BLVD.
624 E FLETCHER AVE
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	Vice President/D	☒ Change ☐ Addition
NAME	~~FLEMING, RODNEY~~	1.2 NAME	Breitbart, Karen	
STREET ADDRESS	~~3685 IMPERIAL RDG PKWY~~	1.3 STREET ADDRESS	3674 Imperial Ridge Pkwy.	
CITY-ST-ZIP	~~PALM HARBOR FL~~	1.4 CITY-ST-ZIP	Palm Harbor, FL. 34684	
TITLE	STD	2.1 TITLE	Sec./Treasurer/D	☒ Change ☒ Addition
NAME	ALTSCHAFT, HAL	2.2 NAME		
STREET ADDRESS	3680 IMPERIAL RIDGE PKWY	2.3 STREET ADDRESS	Same zip 34684	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	President/D	☒ Change ☒ Addition
NAME	TALARICO, TOM	3.2 NAME		
STREET ADDRESS	3713 IMPERIAL RDG PKWY	3.3 STREET ADDRESS	Same zip 34684	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Thomas J. Talarico 3-2-95 785-8595
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

001427