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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N05163 (3)

1. Corporation Name
COUNTRYSIDE IMPERIAL RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: C/O UNIVERSITY PROPERTIES INC, 824 E FLETCHER AVE, TAMPA FL 33612
Mailing Address: C/O UNIVERSITY PROPERTIES INC, 824 E FLETCHER AVE, TAMPA FL 33612-2613

3. Date Incorporated or Qualified: 09/14/1984
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-2497584
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
27

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

City & State: 23
28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25
29
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
-RAYBURN, LAURA J P.A.
1968 BAYSHORE BLVD.
824 E FLETCHER AVE
DUNEDIN FL 34698

10. Name and Address of New Registered Agent
81 Name: JOSEPH R. CIANFRONE P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1968 BAYSHORE BLVD
83
84 City: DUNEDIN FL 85 Zip Code: 34698

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 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 4/15/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BREITBART, KAREN	
STREET ADDRESS	3674 IMPERIAL RIDGE PARKWAY	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ALTSCHAFT, HAL	
STREET ADDRESS	3689 IMPERIAL RIDGE PKWY	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TALARICO, TOM	
STREET ADDRESS	3713 IMPERIAL RDG PKWY	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUMPTER, G. DONOVAN	
2.3 STREET ADDRESS	3662 IMPERIAL RIDGE PKWY	
2.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [Signature] DATE: 4/15/97

CR2E037 (9/96)