


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
---	---

3. Date Incorporated or Qualified 09/14/1984	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2497584	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7001 Temple Terrace Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 7001 Temple Terrace Hwy Suite, Apt. #, etc.
22 City & State 23 Temple Terrace Fla.	27 City & State 28 Temple Terrace Fla.
24 Zip 33637 25 Country USA	29 Zip 33637 30 Country USA

9. Name and Address of Current Registered Agent CIANFRONE, JOSEPH R. 1988 BAYSHORE BLVD. 824 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREITBART, KAREN	1.2 NAME	
STREET ADDRESS	3874 IMPERIAL RIDGE PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, SUMPTER G.	2.2 NAME	SUMPTER, G. DONOVAN
STREET ADDRESS	3862 IMPERIAL RIDGE PKWY	2.3 STREET ADDRESS	3862 Imperial Ridge Pkwy
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Palm Harbor FL 34684
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALARICO, TOM	3.2 NAME	TALARICO, THOMAS
STREET ADDRESS	3713 IMPERIAL RDG PKWY	3.3 STREET ADDRESS	3713 Imperial Rdg Pkwy
CITY-ST-ZIP	PALM HARBOR FL 34684	3.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 _____ 3-10-98 940-1111

CR2E037 (10/97)