2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE

FILED May 11, 2000 8:00 am Secretary of State **DOCUMENT # N05163** 1. Entity Name COUNTRYSIDE IMPERIAL RIDGE HOMEOWNERS ASSOCIATIO 05-11-2000 90324 050 ****61.25 Principal Place of Business Mailing Address CALIBER CONDO MGT. INC. CALIBER CONDO MGT. INC 1801 PEPPERTREE DR. 1801 PEPPERTREE DR. OLDMAR FL 33637 OLDMAR FL 33637 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2497584 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CIANFRONE, JOSEPH R. 1968 BAYSHORE BLVD. **DUNEDIN FL 34698** Zip Code City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Channe Delete TITLE TALARICO, THOMAS NAME STREET ADDRESS STREET ADDRESS 3713 IMPERIAL RIDGE PKWY. CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL Addition ☐ Change TITLE VPD 📈 Delete TITLE NAME SUMPTER, DONAVON G NAME STREET ADDRESS STREET ADDRESS 3662 IMPERIAL RIDGE PKWY CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 STD----- Delete -TITLE - 🔲 Change Addition TITLE BREITBART, KAREN NAME NAME STREET ADDRESS STREET ADDRESS 3674 IMPERIAL RIDGE PKWY CITY-ST-7IP CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change 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)(i), 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

Daytime Phone #