

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90162 001 ****61.25

DOCUMENT # N05163

1. Entity Name

COUNTRYSIDE IMPERIAL RIDGE HOMEOWNERS ASSN, INC.

DO NOT WRITE IN THIS SPACE

831450

2. Principal Place of Business

% Caliber Mgt. Inc.

3. Mailing Address

% Caliber Mgt. Inc.

Suite, Apt. #, etc.

32708 US 19 North

Suite, Apt. #, etc.

32708 US 19 North

City & State

Palm Harbor, FL 34684

City & State

Palm Harbor, FL 34684

Zip

Country

34698

US

Zip

Country

34698

US

4. FEI Number

59-2497584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph R. Cianfrone, PA
Street Address (P.O. Box Number is Not Acceptable)

1968 Bayshore Blvd.

City

Dunedin

FL

Zip Code

3498

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
THOMAS TALARICO
3713 IMPERIAL RIDGE PKWY.
PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
ROBERT NOLAN
3716 IMPERIAL RIDGE PKWY.
PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
KAREN BREITBART
3674 IMPERIAL RIDGE PKWY.
PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Talarico

4/3/02 772-9996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)