

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90030 043 \*\*\*\*61.25

**DOCUMENT # N05163**

1. Entity Name  
**COUNTRYSIDE IMPERIAL RIDGE HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**% CALIBER MGT. INC  
32708 US 19 NORTH  
PALM HARBOR, FL 34698 US**

Mailing Address  
**% CALIBER MGT. INC  
32708 US 19 NORTH  
PALM HARBOR, FL 34698 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2497584**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CIANFRONE, JOSEPH R.  
1968 BAYSHORE BLVD.  
DUNEDIN, FL 34698**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **HESS, JUDY**  
STREET ADDRESS **3660 IMPERIAL RIDGE PKWY**  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **PD** ☒ Delete  
NAME **SUMPTER, G. DONAVON**  
STREET ADDRESS **3661 IMPERIAL RIDGE PKWY**  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **STD** ☒ Delete  
NAME **BREITBART, KAREN**  
STREET ADDRESS **3674 IMPERIAL RIDGE PKWY**  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DST** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☐ Change ☒ Addition  
NAME **DONALD HUTWELKER**  
STREET ADDRESS **3679 IMPERIAL RIDGE PKWY**  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **DP** ☐ Change ☒ Addition  
NAME **ROBERT MOUTRAY**  
STREET ADDRESS **3696 IMPERIAL RIDGE PKWY**  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **DP** ☐ Change ☒ Addition  
NAME **ROBERT NOLAN**  
STREET ADDRESS **3716 IMPERIAL RIDGE PKWY**  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **D** ☐ Change ☒ Addition  
NAME **ANTHONY MONTEVAGO**  
STREET ADDRESS **3644 IMPERIAL RIDGE PKWY**  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Donald Hutwelker* **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 786-8400