

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011979

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** COUNTRYSIDE PINES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2548 COUNTRYSIDE PINES DRIVE  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

7250 ULMERTON RD.  
SUITE A  
LARGO, FL 33771

**New Mailing Address:**

**FEI Number:** 27-4430012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLIS, GERALD A  
2548 COUNTRYSIDE PINES DRIVE  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** COLLIS, GERALD A  
**Address:** 2548 COUNTRYSIDE PINES DRIVE  
**City-St-Zip:** CLEARWATER, FL 33761

**Title:** VP  
**Name:** KATICA, IRENE  
**Address:** 2540 COUNTRYSIDE PINES DR.  
**City-St-Zip:** CLEARWATER, FL 33761

**Title:** T  
**Name:** TSAMOURAS, CONSTANTINE  
**Address:** 2546 COUNTRYSIDE PINES DRIVE  
**City-St-Zip:** CLEARWATER, FL 33761

**Title:** S  
**Name:** HARTZELL, BOBBIE  
**Address:** 2520 COUNTRYSIDE PINES DRIVE  
**City-St-Zip:** CLEARWATER, FL 33761

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** GERALD A COLLIS

P

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date