

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14015** (4)

1. Corporation Name

**HONORABLE COUNTRYPARK HOMEOWNERS ASSOCIATION OF
PINELLAS COUNTY, INC.**



Principal Place of Business

**2357
2943 HILLCREEK CIRCLE
CLEARWATER FL 34619
US**

Mailing Address

**2357
2943 HILLCREEK CIRCLE
CLEARWATER FL 34619
US**

3. Date Incorporated or Qualified
03/25/1986

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21 2387 Hillcreek Cir.E.

26 2387 Hillcreek Cir.E.

4. FEI Number
59-2722337

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Clearwater, FL.

28 Clearwater, FL.

Zip Country

Zip Country

24 34619 25 Pinellas

29 34619 30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KATZ, SAM PORTER
2943 HILLCREEK CIRCLE SOUTH
CLEARWATER FL 34619**

81 Name
Carl E. Wortham

82 Street Address (P.O. Box Number is Not Acceptable)
2387 HILLCREEK Circle East

83

84 City **Clearwater** **FL** 85 Zip Code **34619**

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 **Carl E. Wortham**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **KATZ, SAM PORTER**
STREET ADDRESS **2943 HILLCREEK CIRCLE SOUTH**
CITY - ST - ZIP **CLEARWATER FL**

TITLE ☒ DELETE
NAME **MORRISON, KEITH**
STREET ADDRESS **2968 SABER DR.**
CITY - ST - ZIP **CLEARWATER FL**

TITLE ☒ DELETE
NAME **BROWN, STEPHANIE LUND**
STREET ADDRESS **2458 PARKSTREAM AVENUE**
CITY - ST - ZIP **CLEARWATER FL**

TITLE ☒ DELETE
NAME **RAYHILL, JOSEPH**
STREET ADDRESS **2429 PARK STREAM AVE.**
CITY - ST - ZIP **CLEARWATER FL**

TITLE ☒ DELETE
NAME **WRIGHT, WILLIAM**
STREET ADDRESS **2374 HILLCREEK CIRCLE EAST**
CITY - ST - ZIP **CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition
12 NAME **P**
13 STREET ADDRESS **Carl E. Wortham**
14 CITY - ST - ZIP **2387 Hillecreek Circle East**
Clearwater, FL. 34619 ☐ Change ☒ Addition

21 TITLE
22 NAME **T**
23 STREET ADDRESS **Richard Morello**
24 CITY - ST - ZIP **2357 Hillcreek Circle East**
Clearwater, FL. 34619 ☐ Change ☒ Addition

31 TITLE ☒ DELETE
32 NAME **James Waters** ☐ Change ☒ Addition
33 STREET ADDRESS **2451 Bond**
34 CITY - ST - ZIP **Clearwater, FL. 34619**

41 TITLE ☐ Change ☒ Addition
42 NAME **John Tsagaris**
43 STREET ADDRESS **2376 Terence Court**
44 CITY - ST - ZIP **Clearwater, FL. 34619**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS **600001829196**
54 CITY - ST - ZIP **-05/20/96--01041--038**

61 TITLE ☐ Change ☐ Addition
62 NAME *****61.25**
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Carl E. Wortham**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

813-885-5050

2-18-96

CR2E037 (12/95)