FILE NOW: FILING FEE IS $61.25

FILED
Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
2387 HILLCREEK CIRCLE E. CLEARWATER FL 34619 US	2387 HILLCREEK CIRCLE E. CLEARWATER FL 34619-1219 US

3. Date Incorporated or Qualified: 03/25/1986
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 2357 HILLCREEK CIRCLE E.
22: Suite, Apt. #, etc
23: CLEARWATER, FL
24: 34619 Zip
25: Country

2a. Mailing Address
26: 2357 HILLCREEK CIRCLE E.
27: Suite, Apt. #, etc.
28: CLEARWATER, FL
29: 34619 Zip
30: Country

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

9. Name and Address of Current Registered Agent

WORTHAM, CARL E
2387 HILLCREEK CIRCLE EAST
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATZ, SAM PORTER 2943 HILLCREEK CIRCLE SOUTH CLEARWATER FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D JON LEONARD 2964 HILLCREEK CIR. N. CLEARWATER, FL 34619	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WORTHAM, CARL E 2387 HILLCREEK CIRCLE E. CLEARWATER FL 34619	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORELLO, RICHARD 2357 HILLCREEK CIRCLE E. CLEARWATER FL 34619	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATERS, JAMES 2451 BOND CLEARWATER FL 34619	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TSAGARIS, JOHN 2376 TERENCE CT. CLEARWATER FL 34619	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D BILL WEGNER 2919 HILLCREEK CIRCLE E. CLEARWATER, FL 34619	☐ Change ☒ Addition

CR2E037 (9/96)

14. I do 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 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: × Richard Morello RICHARD MORELLO × 1-16-97 × 796-1943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0067106