

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. North 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 HILLCREEK CIRCLE EAST
CLEARWATER FL 34619
US**

Mailing Address

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



3. Date Incorporated or Qualified

03/25/1986

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**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WORTHAM, CARL E
2387 HILLCREEK CIRCLE EAST
CLEARWATER FL 34619**

81 Name

SCOTT GRUTCHFIELD

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

2918 HILLCREEK CIRCLE S

83

84 City

CLEARWATER

FL

85 Zip Code

33759

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/23/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	LEONARD, JON	
STREET ADDRESS	2984 HILLCREEK CIRCLE N	
CITY-ST-ZIP	CLEARWATER FL	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	☒ DELETE
NAME	WORTHAM, CARL E	
STREET ADDRESS	2387 HILLCREEK CIRCLE F	
CITY-ST-ZIP	CLEARWATER FL	

2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	JANE LEE
2.3 STREET ADDRESS	2430 ANTHONY AVE
2.4 CITY-ST-ZIP	CLEARWATER, FL

TITLE	P	☐ DELETE
NAME	MORELLO, RICHARD	
STREET ADDRESS	2357 HILLCREEK CIRCLE E.	
CITY-ST-ZIP	CLEARWATER FL 34619	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	P	☒ DELETE
NAME	TSAGARIS, JOHN	
STREET ADDRESS	2376 TERENCE CT.	
CITY-ST-ZIP	CLEARWATER FL	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	☐ DELETE
NAME	WEGNER, BILL	
STREET ADDRESS	2919 HILLCREEK CIRCLE EAST	
CITY-ST-ZIP	CLEARWATER FL	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	P	☐ DELETE
NAME	SCOTT GRUTCHFIELD	
STREET ADDRESS	2918 HILLCREEK CIRCLE S.	
CITY-ST-ZIP	CLEARWATER, FL	

6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	700002581857
6.3 STREET ADDRESS	-07/07/98--01095--001
6.4 CITY-ST-ZIP	***61.25

14. 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 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, on an attachment with an address.

SIGNATURE: **X P. Morello** **Trees**

5-2-98

CR2E037 (10/97)