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03-04-1999 90049 002 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14015**

1. Corporation Name

HONORABLE COUNTRYPARK HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.

Principal Place of Business	Mailing Address
2357 HILLCREEK CIRCLE EAST CLEARWATER FL 34619 US	2357 HILLCREEK CIRCLE EAST CLEARWATER FL 34619 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/25/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2722337 -- ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GRUTCHFIELD, SCOTT
2918 HILLCREEK CIRCLE S.
CLEARWATER FL 33759

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	D	☒ DELETE	1.1 TITLE	D	☒ Change ☒ Addition
NAME	LEONARD, JON		1.2 NAME	Tiwary, Devesh	
STREET ADDRESS	2964 HILLCREEK CIRCLE N		1.3 STREET ADDRESS	2441 Hillcreek Circle E.	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	Clearwater FL 33752	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☒ Addition
NAME	LEE, JANE		2.2 NAME		
STREET ADDRESS	2430 ANTHONY AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	T	☒ Change ☒ Addition
NAME	MORELLO, RICHARD		3.2 NAME	George, Deborah	
STREET ADDRESS	2357 HILLCREEK CIRCLE E.		3.3 STREET ADDRESS	2993 Hillcreek Circle E	
CITY-ST-ZIP	CLEARWATER FL 34619		3.4 CITY-ST-ZIP	Clearwater FL 33759	
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRUTCHFIELD, SCOTT		4. 2 NAME		
STREET ADDRESS	2918 HILLCREEK CIRCLE S.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33759		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☒ Addition
NAME	WEGNER, BILL		5.2 NAME	Zillman, William	
STREET ADDRESS	2919 HILLCREEK CIRCLE EAST		5.3 STREET ADDRESS	2913 Hillcreek Cir S.	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	Clearwater FL 33759	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 1/27/99 727-669-0295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #