2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N14015

Entity Name: HONORABLE COUNTRYPARK HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

COUNTRYPARK SUBDIVISION
CLEARWATER, FL 33766 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 15242
CLEARWATER, FL 33766 US

New Mailing Address:

FEI Number: 59-2722337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMOUT, LES R
2378 ANTHONY AVE
CLEARWATER, FL 33759 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:	TD	( ) Delete
Name:	SMOUT, LES	
Address:	2378 ANTHONY AVE.	
City-St-Zip:	CLEARWATER, FL 33759 US	
Title:	PD	( ) Delete
Name:	GRIFFIN, KEN	
Address:	2368 PARKSTREAM AVE.	
City-St-Zip:	CLEARWATER, FL 33759 US	
Title:	S	( ) Delete
Name:	SPINNICHIA, SAL	
Address:	2381 PARKSTREAM AVE.	
City-St-Zip:	CLEARWATER, FL 33759 US	
Title:	D	( ) Delete
Name:	LEE, FRANK	
Address:	2398 PARKSTREAM AVE.	
City-St-Zip:	CLEARWATER, FL 33759 US	
Title:	D	( ) Delete
Name:	ROBERTO, DEBBIE	
Address:	2379 ANTHONY AVE.	
City-St-Zip:	CLEARWATER, FL 33759 US	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	SPINNICHIA, SAL	
Address:	2381 PARKSTREAM AVE.	
City-St-Zip:	CLEARWATER, FL 33759 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	GANNON, MIKE	
Address:	2419 ANTHONY AVE	
City-St-Zip:	CLEARWATER, FL 33759	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LES R SMOUT T 02/11/2009

Electronic Signature of Signing Officer or Director — Date