2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State
07-14-2003 90347 048 ****61.25

0086106

DOCUMENT # N14015

1. Entity Name

HONORABLE COUNTRYPARK HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 15242 CLEARWATER FL 33766 US	PO BOX 15242 CLEARWATER FL 33766 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2722337 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEMBREE, GREG 2405 PARKSTREAM AVE CLEARWATER FL 33759	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HEMBREE, GREG 2405 PARKSTREAM AVE CLEARWATER FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HEMBREE, GREG 2405 PARKSTREAM AVE. CLEARWATER, FL 33759	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEARDSLEY, MYRON 2368 HILLCREEK CIR E CLEARWATER FL 33759	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRUTCHFIELD SCOTT 2418 HILLCREEK CT SO CLEARWATER, FL 33759	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FRAHN, BROOKE 2928 PARKCREEK DR CLEARWATER FL 33759	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWMAN DANNY 2418 ANTHONY AVE. CLEARWATER, FL 33759	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOLLER, FREDRICK 2395 TERANCE CT CLEARWATER FL 33759	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEVENS, JOE 2407 ANTHONY AVE. CLEARWATER, FL 33759	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIS, DON 2406 ANTONY AVE CLEARWATER FL 33759	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRENKNER JANET 2419 ANTHONY AVE. CLEARWATER, FL 33759	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [illegible] TREASURER 7/8/03 727 287 3216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #