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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:18

DOCUMENT # N49681 (2)

1. Corporation Name

COUNTRYSIDE ESTATES RO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
27466 US HWY 19 N LOT #1 CLEARWATER FL 34621 US	27466 US HWY 19 N LOT #1 CLEARWATER FL 34621 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1992
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-3133300 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SILLCOCKS, EMMA
27466 US HWY 19 N
LOT 16
CLEARWATER FL 34621

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BRYNING, JAMES S	1.2 NAME	PAUL R. ROSS	
STREET ADDRESS	27466 US HWY 19 N #92	1.3 STREET ADDRESS	27466 US Hwy 19 N #71	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater FL 34621	
TITLE	V	2.1 TITLE	V	XX Change ☐ Addition
NAME	ROSS, PAU	2.2 NAME	RICHARD CHEEVER	
STREET ADDRESS	27466 US HWY 19 N #71	2.3 STREET ADDRESS	27466 US Hwy 19 N #102	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater FL 34621	
TITLE	T	3.1 TITLE	T	XX Change ☐ Addition
NAME	SANDMAN, OREN	3.2 NAME	JOHN W. WILSON	
STREET ADDRESS	27466 US HWY 19 N #60	3.3 STREET ADDRESS	27466 US Hwy 19 N #14	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater FL 34621	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	SILLCOCKS, EMMA	4.2 NAME		
STREET ADDRESS	27466 US HWY 19 N., #65	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL,GEORGE	5.2 NAME		
STREET ADDRESS	27466 US HWY 19 N., #79	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34621	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	XX Change ☐ Addition
NAME	JENKINSON, VICTOR	6.2 NAME	JAMES S. BRYNING	
STREET ADDRESS	27466 US HWY 19 N., #45	6.3 STREET ADDRESS	27466 US Hwy 19 N #92	
CITY-ST-ZIP	CLEARWATER FL 34621	6.4 CITY-ST-ZIP	Clearwater FL 34621	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Paul R. Ross 03-15-95 813 796-8934
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL R. ROSS, President

0066401