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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 34621-2942  
US

3. Date Incorporated or Qualified  
07/02/1992

3a. Date of Last Report  
05/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILCOCKS, EMMA  
27466 US HWY 19 N  
LOT 16- 65  
CLEARWATER FL 34621

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME ZOLLWEG, RICHARD  
STREET ADDRESS 27466 US HWY 19 N #84  
CITY-ST-ZIP CLEARWATER FL

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

TITLE PD ☐ DELETE  
NAME RYAN, ISABELLA M  
STREET ADDRESS 27466 US HWY 19 N #87  
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME WILSON, JOHN W  
STREET ADDRESS 27466 US HWY 19 N #14  
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME DURANT, DOROTHY  
3.3 STREET ADDRESS 27466 US HWY 19 N #82  
3.4 CITY-ST-ZIP CLEARWATER FL

TITLE SD ☐ DELETE  
NAME SILCOCKS, EMMA  
STREET ADDRESS 27466 US HWY 19 N #65  
CITY-ST-ZIP CLEARWATER FL

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

TITLE VD ☒ DELETE  
NAME RUSSELL, GEORGE  
STREET ADDRESS 27466 US HWY 19 N., #79  
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME LaPOINTE, John  
5.3 STREET ADDRESS 27466 US HWY 19 N., #74  
5.4 CITY-ST-ZIP CLEARWATER FL

TITLE D ☒ DELETE  
NAME MACNEIL, IRENE  
STREET ADDRESS 27466 US HWY 19 N #53  
CITY-ST-ZIP CLEARWATER FL

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME BOIVIN, Adrien  
6.3 STREET ADDRESS 27466 US HWY 19 N #93  
6.4 CITY-ST-ZIP Clearwater FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(a), 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:

*John W. Wilson* REQUIRE JOHN W. WILSON 02-21-97 813 796 8934  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0087443

CR2E037 (9/96)