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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified	07/02/1992
4. FEI Number	59-3133300
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 33761	29 33761
25 Country	30 Country

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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
CLEARWATER FL 34621

81 Name	SILCOCKS, EMMA
82 Street Address (P.O. Box Number is Not Acceptable)	27466 US HWY 19 N
83	LOT 65
84 City	CLEARWATER
85 Zip Code	FL 33761

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 Emma Sillocks

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	PD	<input type="checkbox"/> DELETE
NAME	ZOLLWEG, RICHARD	
STREET ADDRESS	27466 US HWY 19 N #64	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RYAN, ISABELLA M	
STREET ADDRESS	27466 US HWY 19 N #67	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSON, JOHN W	
STREET ADDRESS	27466 US HWY 19 N #14	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SILCOCKS, EMMA	
STREET ADDRESS	27466 US HWY 19 N #65	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAPORTE, JOHN	
STREET ADDRESS	27466 US HWY 19 N., #74	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOVIN, ADRIEN	
STREET ADDRESS	27466 US HWY 19 N #93	
CITY - ST - ZIP	CLEARWATER FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD CONLEY, ROGER
2.3 STREET ADDRESS	27466 US HWY 19 N #61)
2.4 CITY - ST - ZIP	CLEARWATER FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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.

SIGNATURE: John W. Wilson JOHN W. WILSON, TREASURER 02-19-98 813 7968934

CR2E037 (10/97)