

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91389 009 ****61.25

DOCUMENT # N49681

1. Entity Name

COUNTRYSIDE ESTATES RO ASSOCIATION, INC.

Principal Place of Business

27466 US HWY 19 N
 LOT #1
 CLEARWATER FL 33761
 US

Mailing Address

27466 US HWY 19 N
 LOT #1
 CLEARWATER FL 33761
 US

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

59-3133300

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

TAYLOR, ROBERT A
1043 DEAL LANE
HOLIDAY FL 34691

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **TAYLOR, ROBERT A**
 CITY-ST-ZIP **1043 DEAL LANE**
HOLIDAY FL 34691

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **STEFANSKY, WILLIAM**
 CITY-ST-ZIP **27466 HWY 19 N, #61**
CLEARWATER FL 33761

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **CYR, CHARLES**
 CITY-ST-ZIP **27466 US HWY 19 #57**
CLEARWATER FL 33761-2943

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **NINGARD, MCCLELLAN**
 CITY-ST-ZIP **27466 US HWY 19 N #37**
CLEARWATER FL 33761

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **JANES, PEGGY ANN**
 CITY-ST-ZIP **27466 US HWY 19 N #51**
CLEARWATER FL 33761

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Joan McPake**
 CITY-ST-ZIP **27466 US HWY 19 N #94**
Clearwater FL 33761-4907

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **DINSMORE, PETER J**
 CITY-ST-ZIP **27466 US HWY 19 N #45**
CLEARWATER FL 33761-2920

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Francois Morand**
 CITY-ST-ZIP **27466 US HWY 19 N #103**
Clearwater FL 33761-4907

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:

Robert A. Taylor, Treas.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/02
 Date

727 796-8934
 Daytime Phone #

CR2E037 (9/01)