

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90040 022 ****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

MOORE

CR2E037 (11/03)

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

TAYLOR, ROBERT A
1043 DEAL LANE
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name EMMA Sillcocks

Street Address (P.O. Box Number is Not Acceptable)
27466 US Hwy 19 N, Lot 65

City CLEARWATER FL Zip Code 33761

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

Emma Sillcocks

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

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

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

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

TITLE D ☐ Delete
NAME MCPAKE, JOAN
STREET ADDRESS 27466 US HWY 19 N # 94
CITY-ST-ZIP CLEARWATER FL 33761-4907

TITLE D ☒ Delete
NAME MORAND, FRANCOIS
STREET ADDRESS 27466 US HWY 19 N # 103
CITY-ST-ZIP CLEARWATER FL 33761-4907

TITLE S ☐ Delete
NAME JENKINSON, DONNA
STREET ADDRESS 27466 HWY 19 N #45
CITY-ST-ZIP CLEARWATER FL 33761

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T.D. ☐ Change ☒ Addition
NAME EMMA Sillcocks
STREET ADDRESS 27466 US Hwy 19 N, Lot 65
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE P.D. ☐ Change ☐ Addition
NAME ROBERT BROWNING
STREET ADDRESS 27466 US Hwy 19 N Lot 3
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE V.D. ☐ Change ☐ Addition
NAME ALFRED YANCE
STREET ADDRESS 27466 US Hwy 19 N Lot 62
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE D. ☐ Change ☐ Addition
NAME ARNOLD CLENDENEN
STREET ADDRESS 27466 US Hwy 19 N, Lot 42
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE D ☐ Change ☐ Addition
NAME Richard Zollweg
STREET ADDRESS 27466 US Hwy 19 N, Lot 64
CITY-ST-ZIP CLEARWATER FL 33761

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:

Emma Sillcocks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 2004

Date

Daytime Phone #