2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90072 041 ****61.25

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1. Entity Name
COUNTRYSIDE NORTH RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8775 - 20TH STREET #950 VERO BEACH, FL 32960	8775 - 20TH STREET #950 VERO BEACH, FL 32966 US

03162005 Chg-NP CR2E037 (10/03)

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 65-0849281 ☐ 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
COLLING, LEE J ESQ 500 NORTH MAITLAND AVENUE SUITE 203 MAITLAND, FL 32751	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORBIN, JEAN 8775 20TH STREET, #301 VERO BEACH, FL 32966	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVE WILKENS 8775 20TH ST - #512 VERO BEACH, FL 32966	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRAHAM, THOMAS 8775 20TH STREET, #377 VERO BEACH, FL 32966	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALBERT SOREL 8775 20TH ST - #167 VERO BEACH, FL 32966	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TOLSON, MARCELLA 8775 20TH STREET #496 VERO BEACH, FL 32966	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SOCIAL DIRECTOR SHIRLEY DEMONTIGNY 8775 20TH ST - #114 VERO BEACH, FL 32966	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABEL, LARRY 8775 20TH STREET #10 VERO BEACH, FL 32966	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RICHARD KELLY 8775 20TH ST - #051 VERO BEACH, FL 32966	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PRILLAMAN, BETTY 8775 20TH STREET #454 VERO BEACH, FL 32966	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LORRAINE BREITTER 8775 20TH ST - #228 VERO BEACH, FL 32966	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FORREST, LUELLA 8775 20TH ST STE 310 VERO BEACH, FL 32966	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BILL LAMOND 8775 20TH ST - #441 VERO BEACH, FL 32966	☐ Change ☒ Addition

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: Albert Sorel ALBERT SOREL 3-17-05 772-770-4614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #