

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90150 040 \*\*\*\*61.25

**DOCUMENT # N97000005549**

1. Entity Name

**COUNTRYGROVE WEST HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2181 ANDREWS CT  
DUNEDIN FL 34698

2181 ANDREWS CT  
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

2165 Andrews Ct

2165 Andrews Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Dunedin, FL

Dunedin, FL

City & State

City & State

34698 USA

34698 USA

Zip

Country

Zip

Country

4. FEI Number

59-3483394

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

DEL COLLE, EDWARD W JR  
2181 ANDREWS CT  
DUNEDIN FL 34698

Name

Wesley Soto

Street Address (P.O. Box Number is Not Acceptable)

2165 Andrews Ct

City

Dunedin

FL

Zip Code

34698

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

Wesley Soto, President Wesley Soto

Feb. 5, 2002

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          | DP                     | <input checked="" type="checkbox"/> Delete |
| NAME           | DEL COLLE, EDWARD W JR |  |
| STREET ADDRESS | 2181 ANDREWS CT        |  |
| CITY-ST-ZIP    | DUNEDIN FL             |  |
| TITLE          | DV                     | <input checked="" type="checkbox"/> Delete |
| NAME           | BROWN, ROYER           |  |
| STREET ADDRESS | 2126 ANDREWS CT        |  |
| CITY-ST-ZIP    | DUNEDIN FL             |  |
| TITLE          | DT                     | <input checked="" type="checkbox"/> Delete |
| NAME           | SOTO, WESLEY           |  |
| STREET ADDRESS | 2165 ANDREWS CT        |  |
| CITY-ST-ZIP    | ANDREWS FL             |  |
| TITLE          | DS                     | <input type="checkbox"/> Delete            |
| NAME           | HENNESSY, JUDI         |  |
| STREET ADDRESS | 2189 ANDREWS CT        |  |
| CITY-ST-ZIP    | DUNEDIN FL 34698       |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | DP                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SOTO, WESLEY      |  |
| STREET ADDRESS | 2165 Andrews Ct.  |  |
| CITY-ST-ZIP    | Dunedin, FL 34698 |  |
| TITLE          | DT                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CONWAY, KATHLEEN  |  |
| STREET ADDRESS | 2174 Andrews Ct   |  |
| CITY-ST-ZIP    | Dunedin, FL 34698 |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |

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:

Wesley Soto, President Wesley Soto

Feb. 5, 2002 (727) 736-4136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)