

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747922

**FILED**  
**Feb 25, 2014**  
**Secretary of State**  
**CC6205405606**

**Entity Name:** THE HOMEOWNERS' ASSOCIATION OF COUNTRY PLACE, INC.

**Current Principal Place of Business:**

3624 COUNTRY PLACE LANE  
SARASOTA, FL 34233

**Current Mailing Address:**

P.O. BOX 21173  
SARASOTA, FL 34276

**FEI Number:** 59-2293313

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THE LAW OFFICES OF LOBECK AND HANSON, P.A.  
2033 MAIN STREET  
SUITE 403  
SARASOTA, FL 34237 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           RODRIQUEZ, JOSE  
Address        3624 COUNTRY PLACE LANE  
City-State-Zip: SARASOTA FL 34233

Title           PRESIDENT  
Name           RICHMAN, JOAN  
Address        3605 COUNTRY PLACE BLVD  
City-State-Zip: SARASOTA FL 34233

Title           VP  
Name           KALINA, WANDA  
Address        3820 COUNTRYSIDE LANE  
City-State-Zip: SARASOTA FL 34233

Title           SECRETARY  
Name           GEHAN, HEATHER  
Address        3745 COUNTRYSIDE RD  
City-State-Zip: SARASOTA FL 34233

Title           OFFICER  
Name           EDWARDS, ROBERT  
Address        3978 COUNTRY VIEW DRIVE  
City-State-Zip: SARASOTA FL 34233

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOAN RICHMAN

**PRESIDENT**

**02/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date