

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05163

Entity Name: COUNTRYSIDE IMPERIAL RIDGE HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 02, 2015
Secretary of State
CC2536125528**Current Principal Place of Business:**C/O BAY MANAGEMENT INC
2445 TAMPA ROAD SUITE B
PALM HARBOR, FL 34683**Current Mailing Address:**C/O BAY MANAGEMENT INC
2445 TAMPA ROAD SUITE B
PALM HARBOR, FL 34683 US**FEI Number: 59-2497584****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CIANFRONE, JOSEPH R.
1964 BAYSHORE BLVD.
DUNEDIN, FL 34698 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	P
Name	SHEPPA, STEPHANIE
Address	C/O BAY MANAGEMENT INC 2445 TAMPA ROAD SUITE B
City-State-Zip:	PALM HARBOR FL 34683

Title	VPD
Name	WILLIAM, JAMES
Address	C/O BAY MANAGEMENT INC 2445 TAMPA ROAD SUITE B
City-State-Zip:	PALM HARBOR FL 34683

Title	DIRECTOR
Name	HAYLOCK, ROBERT
Address	C/O BAY MANAGEMENT INC 2445 TAMPA ROAD SUITE B
City-State-Zip:	PALM HARBOR FL 34683

Title	SD
Name	CATANZARO, JOAN
Address	C/O BAY MANAGEMENT INC 2445 TAMPA ROAD SUITE B
City-State-Zip:	PALM HARBOR FL 34683

Title	TREASURER
Name	RICCIO, ROBERT
Address	C/O BAY MANAGEMENT INC 2445 TAMPA ROAD SUITE B
City-State-Zip:	PALM HARBOR FL 34683

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: STEPHANIE SHEPPA**P****04/02/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date