

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05163

**Entity Name:** COUNTRYSIDE IMPERIAL RIDGE HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Apr 29, 2017**  
**Secretary of State**  
**CC7267882913****Current Principal Place of Business:**C/O ELITE PROPERTY MANAGEMENT SERVICES, INC.  
28870 US HIGHWAY 19 NORTH SUITE 327  
CLEARWATER, FL 33761**Current Mailing Address:**C/O ELITE PROPERTY MANAGEMENT SERVICES, INC.  
28870 US HIGHWAY 19 NORTH SUITE 327  
CLEARWATER, FL 33761 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 VP/S  
Name SHEPPA, STEPHANIE  
Address C/O ELITE PROPERTY MANAGEMENT SERVICES, INC.  
28870 US HIGHWAY 19 NORTH SUITE 327  
City-State-Zip: CLEARWATER FL 33761

Title DIRECTOR  
Name YELLIN, MIKE  
Address C/O ELITE PROPERTY MANAGEMENT SERVICES, INC.  
28870 US HIGHWAY 19 NORTH SUITE 327  
City-State-Zip: CLEARWATER FL 33761

Title TREASURER  
Name RICCIO, ROBERT  
Address C/O ELITE PROPERTY MANAGEMENT SERVICES, INC.  
28870 US HIGHWAY 19 NORTH SUITE 327  
City-State-Zip: CLEARWATER FL 33761

Title DIRECTOR  
Name MONTEVAGO, TONI  
Address C/O ELITE PROPERTY MANAGEMENT SERVICES, INC.  
28870 US HIGHWAY 19 NORTH SUITE 327  
City-State-Zip: CLEARWATER FL 33761

Title PRESIDENT  
Name BARR, DONNA  
Address C/O ELITE PROPERTY MANAGEMENT SERVICES, INC.  
28870 US HIGHWAY 19 NORTH SUITE 327  
City-State-Zip: CLEARWATER FL 33761

*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: DONNA BARR****P****04/29/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date