

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011979

Entity Name: COUNTRYSIDE PINES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2552 COUNTRYSIDE PINES DR
CLEARWATER, FL 33761**Current Mailing Address:**6400 MANATEE AVE W SUITE F
SUITE F
BRADENTON, FL 34209 US**FEI Number:** 27-4430012**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RICHARDSON, JEFF
PMI HOLMES BEACH PROPERTY MANAGEMENT
6400 MANATEE AVE W SUITE F
BRADENTON, FL 34209 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:** JEFF RICHARDSON

03/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name CAUDILL, PAT
Address 2536 COUNTRYSIDE PINES DR
City-State-Zip: CLEARWATER FL 33761

Title D
Name O'DONOVAN-LEE, MARGARET
Address 2520 COUNTRYSIDE PINES DR
City-State-Zip: CLEARWATER FL 33761

Title S, T
Name SEITZ, ANGIE
Address 2546 COUNTRYSIDE PINES DR
City-State-Zip: CLEARWATER FL 33761

Title D
Name HETRICK, JAMES
Address 2516 COUNTRYSIDE PINES DR
City-State-Zip: CLEARWATER FL 33761

Title P
Name SOKOLIK, MATTHEW
Address 2552 COUNTRYSIDE PINES DR
City-State-Zip: CLEARWATER FL 33761

Title MANAGER
Name RICHARDSON, JEFF
Address 6400 MANATEE AVE W
SUITE F
City-State-Zip: BRADENTON FL 34209

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: JEFF RICHARDSON

MANAGER

03/01/2019

Electronic Signature of Signing Officer/Director Detail

Date