#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N49681

Entity Name: COUNTRYSIDE ESTATES RO ASSOCIATION, INC.

# Current Principal Place of Business:

27466 US HWY 19 N LOT #1 CLEARWATER, FL 33761

## **Current Mailing Address:**

27466 US HWY 19 N LOT #1 CLEARWATER, FL 33761 US

## FEI Number: 59-3133300

## Name and Address of Current Registered Agent:

CIANFRONE, NIKOLOFF, GRANT, GREENBERG & SINCLAIR, P.A. 1964 BAYSHORE BLVD, SUITE A 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.

SIGNATUR	E: JOSEPH R. CIANFRONE			03/27/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	VD	
Name	BERNARD, MICHEL	Name	ZOLLWEG, MICHAEL	
Address	27466 US HWY 19 N, LOT 106	Address	27466 US HWY 19 N, LOT 21	
City-State-Zip:	CLEARWATER FL 33761	City-State-Zip:	CLEARWATER FL 33761	
Title	ТD	Title	SD	
Name	MCKAY, ELIZABETH	Name	JACKSON, MARILYN	
Address	27466 US HWY 19 N, LOT 96	Address	27466 US HWY 19 N, LOT 99	
City-State-Zip:	CLEARWATER FL 33761	City-State-Zip:	CLEARWATER FL 33761	
Title	D	Title	D	
Name	MATUSZKIEWICZ, LOUIS	Name	BURKE, WILLIAM	
Address	27466 US HWY 19 N, LOT 109	Address	27466 US HWY 19 N, LOT 33	
City-State-Zip:	CLEARWATER FL 33761	City-State-Zip:	CLEARWATER FL 33761	
Title	D			
Name	SAMPSON, AUDREY			
Address	27466 US HWY 19 N, LOT 85			
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: MICHEL BERNARD

PRESIDENT

03/27/2015

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

Date