

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000003025

**FILED**  
**Jan 11, 2016**  
**Secretary of State**  
**CC1147224353**

**Entity Name:** COUNTRY PALMS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

7731 36TH LN E  
SARASOTA, FL 34243

**Current Mailing Address:**

P O BOX 430  
TALLEVAST, FL 34270-0430 US

**FEI Number:** 65-0767660

**Certificate of Status Desired:** No

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

GRIESE, TIMOTHY  
7731 36TH LN E  
SARASOTA, FL 34243 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 GRIESE, TIMOTHY  
Address 7731 36TH LN E  
City-State-Zip: SARASOTA FL 34243

Title V  
Name DELIBERTI, ANTHONY  
Address 7718 36TH LN E  
City-State-Zip: SARASOTA FL 34243

Title T  
Name DEL POZZO, ANTHONY  
Address 7727 36TH LANE E  
City-State-Zip: SARASOTA FL 34243

Title S  
Name DEL POZZO, ELAINA  
Address 7727 36TH LANE E  
City-State-Zip: SARASOTA FL 34243

*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:** ELAINA DEL POZZO

**SECRETARY**

**01/11/2016**

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

\_\_\_\_\_  
Date