

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 750585

1. Entity Name
COUNTRY PLACE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
EHRUCH ROAD
TAMPA, FL 33694 US

Mailing Address
%RAMPART PROPERTIES
9887 4TH ST., NORTH, STE. 301
ST. PETERSBURG, FL 33702 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09262008

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-2471619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, BRIAN K
9887 4TH ST., NORTH
STE 301
ST. PETERSBURG, FL 33702

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANSTEENBERGEN, PAUL 9887 FOURTH STREET NORTH #301 ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLINI, KEITH 9887 FOURTH STREET NORTH #301 ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALES, NANCY 9887 FOURTH STREET NORTH #301 ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDOWELL, BRIAN 9887 FOURTH STREET NORTH #301 ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMICK, ABBEY 9887 FOURTH STREET NORTH #301 ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, CHARLES 9887 FOURTH STREET NORTH #301 ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACDONALD, J Charles 9887 Fourth Street N. #301 St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nancy Gonzales, Nancy 9887 Fourth Street North #301 St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Allison, Abbey Schmick 9887 Fourth Street North #301 St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul Vansreenbergen, Paul 9887 Fourth Street North #301 St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miller, John 9887 Fourth Street North #301 St. Petersburg FL 33702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 OCT 17 PH 2:16

CLERK OF STATE
TALLAHASSEE, FLORIDA

100137012211
10/17/08--01020--005 **61.25



10/20/08