2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2007 08:00 A Secretary of State **DOCUMENT # 757324** 1. Entity Name COUNTRYSIDE NORTH COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address 2189 CLEVELAND ST 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/06) City & Stato Applied For City & State 4. FE! Number 59-2208900 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo LEIGHTON, LENNARD A Street Address (P.O. Box Number is Not Acceptable) 2189 CLEVELAND ST **STE 225 CLEARWATER FL 33765** City 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 DATE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature registed when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to -**\$5.00** May Be \Box Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition DP Delete IIILE TITLE Change NAME NAME THORESON, RAY STREET ADDRESS STREET ADDRESS 3675 IMPERIAL RIDGE PKWY CITY-ST-ZIP CITY-SI-ZIP PALM HARBOR FL 34684 <u> U000000763046</u> 05/29/07-8003BHOM® 812@90 Delete THIF DS TITLE NAMI: NAME ALLEN, TODD STREET AODRESS STREET ADDRESS 2936 PINEWOOD RUN CITY-ST-ZIP CITY-ST-7JP PALM HARBOR FL 34684 ШЦ HILE Change Addition Delete NAME NAME VARENA, TONY STREET ADDRESS STREET ADDRESS 7237 HUMMINGBIRD LANE CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL 34655 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete TIFLE DILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HILL Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY+ST-ZIP CITY-ST-ZIP

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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:

Ray Thoras of STANING OFFICED OF PIPER

4/30/07

727-466-0571

FILED