2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State
02-14-2002 90038 010 ****61.25

DOCUMENT # N01000003981

1. Entity Name

SUMMERDALE TOWNHOMES AT COUNTRYSIDE PROPERTY OWN ERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2623 MCCORMICK DRIVE SUITE 102 CLEARWATER FL 33759	2623 MCCORMICK DRIVE SUITE 102 CLEARWATER FL 33759

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4131 GUNN HIGHWAY	4131 GUNN HIGHWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FLORIDA	City & State: TAMPA, FLORIDA
Zip: 33624 Country: USA	Zip: 33624 Country: USA

4. FEI Number: 59-3709669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLENBACHER, MICHAEL
2623 MCCORMICK DRIVE SUITE 102
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name: GAIL E. FLOWERS, LCAM, CMCA
Street Address (P.O. Box Number is Not Acceptable): 4131 GUNN HIGHWAY
City: TAMPA FL Zip Code: 33624

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLENBACHER, MICHAEL 2623 MCCORMICK DRIVE SUITE 102 CLEARWATER FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ASKEW, SONYA 2623 MCCORMICK DRIVE SUITE 102 CLEARWATER FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAISE, DOUGLAS 1175 SPRING CENTER S BLVD SUITE 200 ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] **REQUIRED** 1-23-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #