

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90059 028 \*\*\*\*61.25

**DOCUMENT # N01000006793**

1. Entity Name  
**COUNTRYSIDE ESTATES ASSOCIATION, INC.**



Principal Place of Business  
**C/O WELLINGTON MANAGEMENT, INC.  
3461-B FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414**

Mailing Address  
**3461 B FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414**

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**65-1144896**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NEWSOME, JOHN  
C/O WELLINGTON MANAGEMENT, INC.  
3461-B FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414**

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IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BAKER, STEPHEN
STREET ADDRESS	10443 OAK MEADOW LN
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	HALL, JUDITH
STREET ADDRESS	10178 OAK MEADOW LN
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VPSD
NAME	SEK, STEPHEN
STREET ADDRESS	4987 FOREST DALE DR
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	TD
NAME	DEAQUINO, DON
STREET ADDRESS	10150 OAK MEADOW LANE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	BEBERGAL, MARC
STREET ADDRESS	10737 OAK MEADOW LANE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

D. Robert Midg  
10331 Oak Meadow Lane  
Lake Worth, FL 33467

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 #