


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03179**  
 1. Entity Name  
 COUNTRYSIDE TWO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2555 ENTERPRISE ROAD STE 10 CLEARWATER, FL 33763 US	Mailing Address 2555 ENTERPRISE ROAD STE 10 CLEARWATER, FL 33763 US
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01032008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2675308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
 TSAGARIS, JOHN S  
 2555 ENTERPRISE ROAD  
 STE 10  
 CLEARWATER, FL 34623-1150

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOKEN, GARY 1973 BONNIE COURT DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LINN, WYLEY 2555 ENTERPRISE ROAD CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TSAGARIS, JOHN S 2555 ENTERPRISE ROAD CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOEGE, WALLY 2555 ENTERPRISE RD CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: John S. Tsagaris Date: 1/4/06 Daytime Phone #: 727-791-1040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR