2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03179

COUNTRYSIDE TWO CONDOMINIUM ASSOCIATION. INC.



FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

2555 ENTERPRISE ROAD

STE 10

CLEARWATER, FL 33763 US

Mailing Address

2555 ENTERPRISE ROAD

STE 10

DO NOT WRITE IN THIS SPACE

CLEARWATER, FL 33763



01032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2675308 Applied For

5. Certificate of Status Desired

\$8.75 Additional

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

 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	applicable (NOTE: Registered Agent signature required when reinstating)	U00000578993 U1709707-80001-017 61.25		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be			

Due by may 1, 2001		Duo by may 1, 2001	l
ľ	10.	OFFICERS AND DIREC	CTORS
	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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR