


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/ FILED  
Apr 26, 2006 8:00 am  
Secretary of State

04-13-2006 90315 034 \*\*\*\*61.25

<b>DOCUMENT # N08452</b>					
1. Entity Name <b>COUNTRYSIDE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2106 DREW STREET, SUITE 103 CLEARWATER, FL 33765 US</b>			Mailing Address <b>2106 DREW STREET, SUITE 103 CLEARWATER, FL 33765 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2540174</b>	
				Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent		
<b>DRESDEN, GARY 2106 DREW STREET, #103 CLEARWATER, FL 33765</b>			Name <b>Owens, Debra</b> Street Address (P.O. Box Number is Not Acceptable) <b>2106 Drew Street</b> Suite <b>103</b> City <b>Clearwater</b> FL Zip Code <b>33765</b>		
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: <u>Debra Owens</u> <u>Debra Owens Mar</u> <u>4-24-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is <b>\$81.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURIC, MICHAEL		NAME		
STREET ADDRESS	28960 US HWY 19 N # 105		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMBAUM W		NAME	Rambaum, William	
STREET ADDRESS	28960 US HWY 19 N, 100		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33781		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGHEIER, DAVID		NAME		
STREET ADDRESS	28960 US HWY 19 N #102		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33781		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VP/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JEFFREY		NAME		
STREET ADDRESS	28960 US HWY 19 N #103		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33781		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VP/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Dobron, Barbara	
STREET ADDRESS			STREET ADDRESS	28960 US HWY 19 N #112	
CITY-ST-ZIP			CITY-ST-ZIP	Clearwater, FL 33761	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>William Rambaum</u> <u>4/10/06</u> <u>727-781-5357</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					