## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08452

**Current Principal Place of Business:** 

2106 DREW STREET, SUITE 103

CLEARWATER, FL 33765

FILED Apr 16, 2009 Secretary of State

Entity Name: COUNTRYSIDE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

CLEARWATER, FL 33765 US **Current Mailing Address:** New Mailing Address:

2106 DREW STREET 2106 DREW STREET, SUITE 103 CLEARWATER, FL 33765 SUITE 103

CLEARWATER, FL 33765 US

**New Principal Place of Business:** 

2106 DREW STREET

SUITE 103

FEI Number: 59-2540174 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

OWENS, DEZRA OWENS, DEZRA 2106 DREW STREET, #103 2106 DREW STREET CLEARWATER, FL 33765 US SUITE 103

CLEARWATER, FL 33765 US

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: 04/16/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

BURIC, MICHAEL Name: Name: 28960 US HWY 19 N # 105 Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip:

Title: ( ) Delete Title: VPD (X) Change ( ) Addition Name: RAMBAUM, WILLIAM Name: RAMBAUM, WILLIAM

Address: 28960 US HWY 19 N. 100 Address: 28960 US HWY 19 N. #100 City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CLEARWATER, FL 33761

Title: TSD () Delete Title: () Change () Addition

MILLER, JEFFREY Name: Name: 28960 US HWY 19 N #103 Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BURIC Ρ 04/16/2009