


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90088 020 ****61.25

| | | | | | |
|---|--|---|---|---|---|
| DOCUMENT # N26778 1. Entity Name TRAILS OF COUNTRYSIDE HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 2573 SKIPPER TRAIL CLEARWATER, FL 33761 US | | | Mailing Address 2573 SKIPPER TRAIL CLEARWATER, FL 33761 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 03182005 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number NOT APPLICABLE | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent COONEY, SCOTT D 3411 BEACH TRAIL CLEARWATER, FL 33761 | | | 7. Name and Address of New Registered Agent Name KEITH BERTHOLF Street Address (P.O. Box Number is Not Acceptable) 2573 SKIPPER TRAIL City CLEARWATER FL Zip Code 33761 | | |
| 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><i>Keith A. Bertholf, President</i></u> 3/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | VD BERTHOLF, KEITH 2573 SKIPPER TRAIL CLEARWATER, FL 33761 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT, D KEITH BERTHOLF 2573 SKIPPER TRAIL CLEARWATER, FL 33761 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD BERTHOLF, JANETTE 2573 SKIPPER TRAIL CLEARWATER, FL 33761 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT, D ELIZABETH WOODWARD 3424 FAIRFIELD TRAIL CLEARWATER, FL 33761 |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COONEY, SCOTT D 3411 BEECH TRAIL CLEARWATER, FL 33761 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT, D ELIZABETH WOODWARD 3424 FAIRFIELD TRAIL CLEARWATER, FL 33761 |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>Keith A. Bertholf, President</i></u> 3/18/05 727-789-8735 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |