

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N28629

1. Entity Name
COUNTRYGATE HOMEOWNERS ASSOCIATION, INC.



FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business
**4504 COUNTRY GATE CT
VALRICO, FL 33594 US**

Mailing Address
**4504 COUNTRY GATE CT
VALRICO, FL 33594 US**



07082008 · No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2913336

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GILMORE, RICARDO L.
610 HORATIO STREET
TAMPA, FL 33606**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SCHALLER, PAUL**
STREET ADDRESS **4502 COUNTRY GATE CT**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **V**
NAME **MCCLURE, MARLENA**
STREET ADDRESS **4507 COUNTRY GATE CT**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **DST**
NAME **BEARISON, KIM**
STREET ADDRESS **4504 COUNTRY GATE CT**
CITY-ST-ZIP **VALRICO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000954521
07/14/08-80004-009 61.25

**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: *Kim Bearison* **Kim Bearison**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/2008 **813-681-6441**
Date Daytime Phone #