

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N44757 (5)

1. Corporation Name

COUNTRYSIDE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7065 SPANISH MOSS LANE  
BROOKSVILLE FL 34601-6825

7065 SPANISH MOSS LANE  
BROOKSVILLE FL 34601-6825

3. Date Incorporated or Qualified  
08/20/1991

3a. Date of Last Report  
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-3082923

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSELL, REX L.  
7065 SPANISH MOSS LANE  
BROOKSVILLE FL 34601

81 Name

Fred R. Smith

82 Street Address (P.O. Box Number is Not Acceptable)

7042 Spanish Moss Lane

83

84

City Brooksville

FL

85 Zip Code

34601

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
DEVANNA, LEONARD  
STREET ADDRESS  
7093 PINE NEEDLE LANE  
CITY-ST-ZIP  
BROOKSVILLE FL

TITLE ☐ DELETE

NAME  
ADAMS, JOHN  
STREET ADDRESS  
7111 PINE NEEDLE LANE  
CITY-ST-ZIP  
BROOKSVILLE FL

TITLE ☐ DELETE

NAME  
KITZ, GEORGE  
STREET ADDRESS  
7033 NEEDLE LANE  
CITY-ST-ZIP  
BROOKSVILLE FL

TITLE ☐ DELETE

NAME  
BEELER, JOHNNY  
STREET ADDRESS  
7112 PINE NEEDLE LANE  
CITY-ST-ZIP  
BROOKSVILLE FL

TITLE ☐ DELETE

NAME  
WATKINS, ROSE  
STREET ADDRESS  
7041 SPANISH MOSS LANE  
CITY-ST-ZIP  
BROOKSVILLE FL

TITLE ☐ DELETE

NAME  
CURRY, AUDREY  
STREET ADDRESS  
7070 PINE NEEDLE LANE  
CITY-ST-ZIP  
BROOKSVILLE FL

1.1 TITLE

SECRETARY

1.2 NAME

SYL TENBARGE

1.3 STREET ADDRESS

7089 SPANISH MOSS LANE

1.4 CITY-ST-ZIP

BROOKSVILLE, FL 34601

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leonard P. Devanna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 352-754-8654

Date

Daytime Phone #

CR2E037 (12/95)