


FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 7065 SPANISH MOSS LANE BROOKSVILLE FL 34801-6825		Mailing Address 7065 SPANISH MOSS LANE BROOKSVILLE FL 34801-6825	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 08/20/1991		3a. Date of Last Report 04/09/1996	
4. FEI Number 59-3082923		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SMITH, FRED R 7042 SPANISH MOSS LN BROOKSVILLE FL 34801		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	DEVANNA, LEONARD		
STREET ADDRESS	7093 PINE NEEDLE LANE		
CITY-ST-ZIP	BROOKSVILLE FL		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	
NAME	ADAMS, JOHN		
STREET ADDRESS	7111 PINE NEEDLE LANE		
CITY-ST-ZIP	BROOKSVILLE FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	KITZ, GEORGE		
STREET ADDRESS	7033 NEEDLE LANE		
CITY-ST-ZIP	BROOKSVILLE FL		
TITLE	T	<input checked="" type="checkbox"/> DELETE	
NAME	BEELER, JOHNNY		
STREET ADDRESS	7112 PINE NEEDLE LANE		
CITY-ST-ZIP	BROOKSVILLE FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	WATKINS, ROSE		
STREET ADDRESS	7041 SPANISH MOSS LANE		
CITY-ST-ZIP	BROOKSVILLE FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	CURRY, AUDREY		
STREET ADDRESS	7070 PINE NEEDLE LANE		
CITY-ST-ZIP	BROOKSVILLE FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	Syl Tenbarger		
1.3 STREET ADDRESS	7089 Spanish Moss Lane		
1.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34801		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Phyllis Wischoon		
2.3 STREET ADDRESS	7077 Spanish Moss Lane		
2.4 CITY-ST-ZIP	Brooksville, FL. 34601		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	Calvin Allen		
3.3 STREET ADDRESS	7063 Pine Needle Lane		
3.4 CITY-ST-ZIP	Brooksville, FL. 34601		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	Rachel Schiavone		
4.3 STREET ADDRESS	7408 Spanish Moss Lane		
4.4 CITY-ST-ZIP	Brooksville, FL. 34601		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	Chester Kotowicz		
5.3 STREET ADDRESS	7128 Spanish Moss Lane		
5.4 CITY-ST-ZIP	Brooksville, FL. 34601		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	Dorothy Baton		
6.3 STREET ADDRESS	7050 Pine Needle Lane		
6.4 CITY-ST-ZIP	Brooksville, FL. 34601		
14. I do 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 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: Syl Tenbarger <i>(Signature)</i> 4-24-97 352/799-6517			

CR2037 (9/96)