


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N45215 (3)</b> 1. Corporation Name <b>CPR HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2430 ESTANCIA BLVD SUITE #114 CLEARWATER FL 34621 US</b>			Mailing Address <b>2430 ESTANCIA BLVD SUITE #114 CLEARWATER FL 34621 US</b>		
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>09/19/1991</b> 4. FEI Number <b>59-3080283</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>FLORIDA CENTRAL MANAGEMENT 2430 ESTANCIA BLVD SUITE #114 CLEARWATER FL 34621</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGER, WILLIAM		1.2 NAME	SCOTT NEUBAUER	
STREET ADDRESS	2542 COUNTRYSIDE PINES DR		1.3 STREET ADDRESS	2548 Countryside Pines Dr.	
CITY-ST-ZIP	CLEARWATER FL 34621		1.4 CITY-ST-ZIP	Clearwater, Fl. 33761	
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, TONY		2.2 NAME	GILBERT PECUNIA	
STREET ADDRESS	2546 COUNTRYSIDE PINES DR		2.3 STREET ADDRESS	2530 Countryside Pines Dr.	
CITY-ST-ZIP	CLEARWATER FL 34621		2.4 CITY-ST-ZIP	Clearwater, Fl. 33761	
TITLE	DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGER, ROSE MARY		3.2 NAME	ANTHONY GRIFFITH	
STREET ADDRESS	2542 COUNTRYSIDE PINES DRIVE		3.3 STREET ADDRESS	2546 Countryside Pines Dr.	
CITY-ST-ZIP	CLEARWATER FL 34621		3.4 CITY-ST-ZIP	Clearwater, Fl. 33761	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	LYNNE SINGER	
STREET ADDRESS			4.3 STREET ADDRESS	2540 Countryside Pines Dr.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Clearwater, Fl. 333761	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	KIM AL-KHASHTI	
STREET ADDRESS			5.3 STREET ADDRESS	2538 Countryside Pines Dr.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CLEARWATER, FL. 33761	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	GARY JERZAK	
STREET ADDRESS			6.3 STREET ADDRESS	2528 Countryside Pines Dr.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Clearwater, Fl. 33761	



CR2E037 (1097)

14. 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 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