2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State
09-08-2005 90065 047 ****61.25

DOCUMENT # N45215

1. Entity Name
CPR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US	2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US

50065428

08292005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3080283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEIGHTON, LEONARD A
2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 HARTZELL, BOBBIE 2520 COUNTRYSIDE PINES DR CLEARWATER, FL 33761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Hetrick, Tracy 2514 Countryside Pines Dr. Clearwater, FL 33761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BLATT, ROBERT 2508 COUNTYSIDE PINES DR CLEARWATER, FL 33761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Hetrick, James 2514 Countryside Pines Dr. Clearwater, FL 33761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD A MARKS, ALEMDA 2506 COUNTRYSIDE PINES DR CLEARWATER, FL 33761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Grasso, Linda 2518 Countryside Pines Dr. Clearwater, FL 33761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAIRO, SHELLY 2548 COUNTRYSIDE PINES DR CLEARWATER, FL 33761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Blatt, Wilma 2508 Countryside Pines Dr. Clearwater, FL 33761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORALES, WILLIAM 2526 COUNTRYSIDE PINES DR CLEARWATER, FL 33761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hetrick, Todd 2516 Countryside Pines Dr. Clearwater, FL 33761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 8/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #