

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90105 001 ****61.25

DOCUMENT # N49239

1. Corporation Name

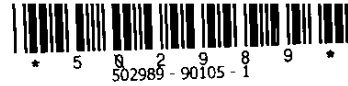
**COUNTRY VILLAS OF SAFETY HARBOR HOMEOWNERS ASSOC
IATION, INC.**

Principal Place of Business

PO BOX 560
SAFETY HARBOR FL 34695-0560
US

Mailing Address

PO BOX 560
SAFETY HARBOR FL 34695-0560
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/04/1992

22 City & State

27 City & State

4. FEI Number
59-3005259

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORZENTI, MARY
109 PEACOCK CIRCLE
SAFETY HARBOR FL 34695

81 Name *Charles R Hilleboe*
82 Street Address (P.O. Box Number is Not Acceptable)
2790 Sunset Point Rd
83
84 City *Clearwater* FL 85 Zip Code *33756*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME OSBORNE, ROBERT M
STREET ADDRESS 101 MEADOWCROSS DR
CITY-ST-ZIP SAFETY HARBOR FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME MCCLATCHY, MICHAEL
STREET ADDRESS 205 HILLCREST DRIVE
CITY-ST-ZIP SAFETY HARBOR FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME *Brian Kimports*
2.3 STREET ADDRESS *207 Hillcrest*
2.4 CITY-ST-ZIP *Safety Harbor FL 34695*

TITLE ☒ DELETE
NAME BITTNER, HOWARD
STREET ADDRESS 101 FOREST CIRCLE
CITY-ST-ZIP SAFETY HARBOR FL 34695

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME *Cherrie Bottie*
3.3 STREET ADDRESS *112 Peacock Cr*
3.4 CITY-ST-ZIP *Safety Harbor FL 34695*

TITLE ☒ DELETE
NAME MORZENTI, MARY
STREET ADDRESS 109 PEACOCK CIR.
CITY-ST-ZIP SAFETY HARBOR FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME *Don Moore*
4.3 STREET ADDRESS *201 Hillcrest*
4.4 CITY-ST-ZIP *Safety Harbor FL 34695*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Robert M Osborne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

727-573-3800 Ext 4838
Daytime Phone #

CR2E037 (1/98)

0072688