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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N49239**

1. Corporation Name

COUNTRY VILLAS OF SAFETY HARBOR HOMEOWNERS ASSOC IATION, INC.

Principal Place of Business	Mailing Address
PO BOX 560 SAFETY HARBOR FL 34695-0560 US	PO BOX 560 SAFETY HARBOR FL 34695-0560 US

502989 - 90105 - 1

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/04/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3005259 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MORZENTI, MARY
109 PEACOCK CIRCLE
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name: Charles R Hillebroe
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 Hillebroe — 4-25-99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OSBORNE, ROBERT M		1.2 NAME		
STREET ADDRESS	101 MEADOWCROSS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	MCCLATCHY, MICHAEL		2.2 NAME	Brian Kimpouts	
STREET ADDRESS	205 HILLCREST DRIVE		2.3 STREET ADDRESS	207 Hillcrest	
CITY-ST-ZIP	SAFTY HARBOR FL		2.4 CITY-ST-ZIP	Safety Harbor Fl 34695	
TITLE	D	☑ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	BITTNER, HOWARD		3.2 NAME	Cherrie Bottrie	
STREET ADDRESS	101 FOREST CIRCLE		3.3 STREET ADDRESS	112 Peacock Cr	
CITY-ST-ZIP	SAFTY HARBOR FL 34695		3.4. CITY-ST-ZIP	Safety Harbo Fl 34695	
TITLE	PD	☑ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	MORZENTI, MARY		4. 2 NAME	Don Moore	
STREET ADDRESS	109 PEACOCK CIR.		4.3 STREET ADDRESS	201 Hillcrest	
CITY-ST-ZIP	SAFTY HARBOR FL		4.4 CITY-ST-ZIP	Safety Harbor Fl 34695	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 Osborne SIGNATURE Robert Osborne — 4/28/99 Date — 727-573-3800 Ext 4838 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR