

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90163 006 ****61.25

DOCUMENT # N49239

1. Entity Name

COUNTRY VILLAS OF SAFETY HARBOR HOMEOWNERS ASSOCIATION, 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**

11009245



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3005259**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

FILE NOW: FEE IS \$61.25

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 **PD** ☒ Delete
NAME **HEIM, DAVID**
STREET ADDRESS **108 JASMINE CIRCLE**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **PD** ☒ Change ☐ Addition
NAME **Bruce R. McIntyre**
STREET ADDRESS **111 Timber Circle**
CITY-ST-ZIP **Safety Harbor, FL. 34695**

TITLE **DV** ☒ Delete
NAME **JOHANNES, DALE**
STREET ADDRESS **101 JASMINE CIRCLE**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **DV** ☒ Change ☐ Addition
NAME **Gary Hawks**
STREET ADDRESS **107 Meadowcross Dr.**
CITY-ST-ZIP **Safety Harbor, FL. 34695**

TITLE **TD** ☐ Delete
NAME **LAZZELL, MARY**
STREET ADDRESS **105 JASMINE CIRCLE**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MCINTYRE, BRUCE**
STREET ADDRESS **111 TIMBER CIRCLE**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **DS** ☐ Change ☒ Addition
NAME **Kim Thomas**
STREET ADDRESS **207 Hillcrest Dr.**
CITY-ST-ZIP **Safety Harbor, FL. 34695**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Scott Mascitelli**
STREET ADDRESS **109 Timber Circle**
CITY-ST-ZIP **Safety Harbor, FL. 34695**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **George Eckman**
STREET ADDRESS **110 Chestnut Circle**
CITY-ST-ZIP **Safety Harbor, FL. 34695**

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.

Bruce R. McIntyre President

SIGNATURE:

SIGNATURE REQUIRED

April 19, 2003

813-286-4140

CR2E037 (10/02)