

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90284 034 \*\*\*\*61.25

<b>DOCUMENT # N49681</b> 1. Entity Name COUNTRYSIDE ESTATES RO ASSOCIATION, INC.					
Principal Place of Business 27466 US HWY 19 N LOT #1 CLEARWATER, FL 33761 US			Mailing Address 27466 US HWY 19 N LOT #1 CLEARWATER, FL 33761 US		
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 59-3133300				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SILLCOCKS, EMMA 27466 US HWY 19 NORTH, LOT 65 CLEARWATER, FL 33761			7. Name and Address of New Registered Agent  Name <u>JENKINSON, DONNA</u> Street Address (P.O. Box Number is Not Acceptable) <u>27466 US HWY 19 N Lot 45</u> City <u>CLEARWATER</u> FL <u>33761</u>		
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 <u>Donna Jenkins</u> <span style="float: right;">DONNA JENKINSON REGISTERED AGENT</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD	<input checked="" type="checkbox"/> Delete	TITLE	T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILLCOCKS, EMMA		NAME	SEELE, PETER	
STREET ADDRESS	27466 US HWY 19 NORTH, LOT 65		STREET ADDRESS	27466 US HWY 19 N Lot 54	
CITY - ST - ZIP	CLEARWATER, FL 33761		CITY - ST - ZIP	CLEARWATER FL 33761	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNING, ROBERT		NAME		
STREET ADDRESS	27466 US HWY 19 NORTH, LOT 3		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33761		CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANCE, ALFRED		NAME	THERIAULT, JOHN H	
STREET ADDRESS	27466 US HWY 19 NORTH, LOT 62		STREET ADDRESS	27466 US HWY 19 N Lot 88	
CITY - ST - ZIP	CLEARWATER, FL 33761		CITY - ST - ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPAKE, JOAN		NAME		
STREET ADDRESS	27466 US HWY 19 N # 94		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 337614907		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOLLWEG, RICHARD		NAME		
STREET ADDRESS	27466 US HWY 19 NORTH, LOT 64		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33761		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINSON, DONNA		NAME		
STREET ADDRESS	27466 HWY 19 N #45		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 33761		CITY - ST - ZIP		
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: <u>Robert Browning</u> <span style="float: right;">Robert Browning PRESIDENT</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR</small>					
Date <u>02/18/05</u> <span style="float: right;">727 796-8934</span> <small>Daytime Phone #</small>					