2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90052 014 ****70.00

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1. Entity Name
COUNTRYSIDE KEY HOMEOWNERS ASSOCIATION, INC.

40040087

Principal Place of Business	Mailing Address
~~JIM NOBLES MANAGEMENT~~ ~~251 WINDWARD PASSAGE, SUITE F~~ ~~CLEARWATER, FL 33767 US~~	~~JIM NOBLES MANAGEMENT~~ ~~251 WINDWARD PASSAGE, SUITE F~~ ~~CLEARWATER, FL 33767 US~~

03072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1799-B N. Belcher Rd Suite, Apt. #, etc.	P.O. Box 14357 Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33765 Country: US	Zip: 33766 Country: US

4. FEI Number 59-3316516 ☐ Applied For ☐ Not Applicable

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
~~JIM NOBLES MANAGEMENT, INC.~~ ~~251 WINDWARD PASSAGE~~ ~~SUITE F~~ ~~CLEARWATER, FL 33767~~	Name: AMERI-TECH REALTY INC Street Address (P.O. Box Number is Not Acceptable): 1799-B North Belcher Road City: Clearwater, FL Zip Code: 33766

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: Michael J Franze President 3/24/05
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 May 1, 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	PD MORRIS, CHRIS 249 COUNTRYSIDE KEY BLVD. OLDSMAR, FL 34677	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Michael J Franze 395 Countryside Key Blvd Oldsmar, FL 34677	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KELLY, CHRIS 416 COUNTRYSIDE KEY BLVD OLDSMAR, FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Gary Moore 402 Countryside Key BLvd OLdsmar, FL 34677	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KELLY, CHRIS 416 COUNTRYSIDE KEY BLVD OLDSMAR, FL 34677	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Stephanie Lopez 206 Countryside Key Blvd Oldsmar, FL 34677	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEAS, DAVID 258 COUNTRYSIDE KEY BLVD. OLDSMAR, FL 34677	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Debora Viego 323 Countryside Key Blvd Oldsmar, FL 34677	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANDON, DAVID 256 COUNTRYSIDE KEY BLVD. OLDSMAR, FL 34677	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Donna Vasapolli 379 Countryside Key Blvd Oldsmar, FL 34677	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Susane K Wesselmen 305 Countryside Key Blvd Oldsmar, FL 34677	☐ 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: Michael J Franze, President 3/23/05 (727) 789.0595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #