

FILE NOW: FILING FEE IS \$61.25

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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004197 (8)**

1. Corporation Name

**COUNTRYSIDE TOUCHDOWN CLUB, INC.**

Principal Place of Business

**3158 SAN JOSE ST.  
CLEARWATER FL 34619**

Mailing Address

**P.O. BOX 15225  
CLEARWATER FL 34629-5225**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/01/1995</b>		3a. Date of Last Report <b>07/16/1996</b>	
21 <b>3000 SR 580</b>		2b <b>P.O. Box 15225</b>		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 <b>CLEARWATER, FL</b>		28 <b>CLEARWATER, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 <b>34621</b>		25 <b>Pinellas</b>		29 <b>34629</b>		30 <b>Pinellas</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**SANTA, CATHY  
3318 FOX HILL DR.  
CLEARWATER FL 34619**

81 Name **Donna Williams**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**206 Hillcrest Drive**  
83  
84 City **Safety Harbor** FL 85 Zip Code **34695**

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 **Donna E. Williams** **4/23/97**  
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTA, CATHY</b>	1.2 NAME	<b>Williams, Donna</b>
STREET ADDRESS	<b>3318 FOX HILL DR</b>	1.3 STREET ADDRESS	<b>206 Hillcrest Drive</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34621</b>	1.4 CITY-ST-ZIP	<b>Safety Harbor FL 34695</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAFELSKI, ED</b>	2.2 NAME	<b>SADBURY, ED</b>
STREET ADDRESS	<b>2794 COUNTRYSIDE BLVD UNIT 4</b>	2.3 STREET ADDRESS	<b>16 Harbor Point</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34621</b>	2.4 CITY-ST-ZIP	<b>SAFETY, HARBOR 34695</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, CECIL</b>	3.2 NAME	<b>PALINKAS, PAT</b>
STREET ADDRESS	<b>2205 HAMPSTEAD CT</b>	3.3 STREET ADDRESS	<b>3123 EGRET TERRACE</b>
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>	3.4 CITY-ST-ZIP	<b>SAFETY, HARBOR, FL 34683</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEARD, CATHY</b>	4.2 NAME	<b>SOBCZAK, Judy</b>
STREET ADDRESS	<b>2973 HILLCREEK CIR S.</b>	4.3 STREET ADDRESS	<b>105 TANGERSWOOD CT</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	4.4 CITY-ST-ZIP	<b>SAFETY HARBOR, FL 34695</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Donna E. Williams** **4/23/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**813 726-0202**  
Daytime Phone # **0067788**

CR2E037 (9/96)