

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003025

1. Entity Name

COUNTRY PALMS HOMEOWNERS' ASSOCIATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90019 032 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 14087, NORTHEAST PLAZA
 SARASOTA FL 34278

P.O. BOX 14087, NORTHEAST PLAZA
 SARASOTA FL 34278-4087

2. Principal Place of Business

PO BOX 450

3. Mailing Address

PO BOX 450

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Tallevast FL

City & State
 Tallevast FL

4. FEI Number
 65-0767660

Applied For
 Not Applicable

Zip
 34243

Country
 U.S.A.

Zip
 34270

Country
 U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANBORN, THOMAS F.
 3609 77TH TERRACE EAST
 SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name: STONE, Catherine J.
 Street Address (P.O. Box Number is Not Acceptable):
 7702 36th Lane E
 City: SARASOTA FL Zip Code: 34243

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.

SIGNATURE: Catherine J. Stone CATHERINE J. STONE, TREASURER 4-27-00
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 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOONTZ, ROBERT P.O. BOX 14087, NORTHEAST PLAZA SARASOTA FL 34278	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KOONTZ, BRIAN P.O. BOX 14087, NORTHEAST PLAZA SARASOTA FL 34278	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARZ, VIRGINIA P.O. BOX 14087, NORTHEAST PLAZA SARASOTA FL 34278	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Christine Bogusz 7724 37th St E Sarasota FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Stone, Catherine 7702 36th Lane E Sarasota FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Larry Trask 3504 78th Ave E Sarasota FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Barbara Jacobson 7738 37th St E Sarasota FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Catherine J. Stone CATHERINE STONE, TREASURER 4/27/00 941-351-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)