

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


FILED
Jul 14, 2003 8:00 am
Secretary of State

0015555

07-14-2003 90343 029 ****61.25

DOCUMENT # N97000003025

1. Entity Name
COUNTRY PALMS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

P O BOX 430 P O BOX 430
TALLEVAST FL 34243 TALLEVAST FL 34243
US US

~~34270-0430~~ ~~34270-0430~~
34270-0430 **34270-0430**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

34270-0430 **34270-0430**

4. FEI Number **65-0767660** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~BALANI, ROBERTA
7715 36TH LANE EAST
SARASOTA FL 34243~~

**Walter Sharpe
7723 36th LANE EAST
SARASOTA, FL 34243**

7. Name and Address of New Registered Agent

Name **Walter Sharpe**

Street Address (P.O. Box Number is Not Acceptable)
7723 36th LANE EAST

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Walter E. Sharpe - President** *W.E. Sharpe* DATE **7/7/03**

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
After September 10, 2003, min will be \$236.25

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

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BOGUSZ, CHRISTINE	
STREET ADDRESS	7724 37TH ST E	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	BALANI, ROBERTA	
STREET ADDRESS	7715 36TH LANE EAST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BARTOW, MATT	
STREET ADDRESS	3606-78TH AVENUE EAST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, BARBARA	
STREET ADDRESS	7738 37TH ST E	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID STONE	
STREET ADDRESS	P.O. BOX 430	
CITY-ST-ZIP	TALLEVAST, FL 34270-0430	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNIFER CARSHICK	
STREET ADDRESS	P.O. BOX 430	
CITY-ST-ZIP	TALLEVAST, FL 34270-0430	
TITLE	PRESIDENT TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER SHARPE	
STREET ADDRESS	7723 36th LANE EAST	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Walter Sharpe* SIGNATURE REQUIRED 7/7/03 = 941-351-7606 6/25/03 = 941-205-5605

CR2E037 (4/03)