


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90039 010 \*\*\*\*61.25

<b>DOCUMENT # N97000003272</b> 1. Entity Name <b>COUNTRYSIDE NORTH RESIDENTS ASSOCIATION, INC.</b>					
Principal Place of Business 8775 - 20TH STREET #950 VERO BEACH, FL 32960			Mailing Address 8775 - 20TH STREET #950 VERO BEACH, FL 32966 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>COLLING, LEE J ESQ</b> <b>500 NORTH MAITLAND AVENUE</b> <b>SUITE 203</b> <b>MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DEBAGGIS, DONALD</b> 8775 20TH ST LOT 152 VERO BEACH, FL 32966		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>REESE, ROBERT</b> 8775 20TH ST - LOT 425 VERO BEACH, FL 32966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MARTIN, JIM</b> 8775 20TH ST LOT 158 VERO BEACH, FL 32966		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PARK, TOM</b> 8775 20TH ST - LOT 520 VERO BEACH, FL 32966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>MESERVIE, MARTHA</b> 8775 20TH ST., LOT 146 VERO BEACH, FL 32966		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>VISCOTT, ALLEN</b> 8775 20TH ST. - LOT 243 VERO BEACH, FL 32966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>EWING, JOAN</b> 8775 20TH ST., LOT 222 VERO BEACH, FL 32966		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>O'CONNOR, JOHN</b> 8775 20TH ST LOT 531 VERO BEACH, FL 32966		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FISCHER, HARRY</b> 8775 20TH ST LOT 255 VERO BEACH, FL 32966		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Joan Ewing, Treasurer (Joan Ewing)</i> <b>April 4, 2008</b> 772-562-0917 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					