- 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N97000003272



Apr 07, 2008 8:00 am Secretary of State

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COUNTR	RYSIDE N	IORTH RESIDEN	TS ASS	OCIATION, IN	IC.				04-07-20	008 9003	9 010 **	**61	1.25
Principal Place of Business Mailing Address 8775 - 20TH STREET #950 VERO BEACH, FL 32960 VERO BEACH, FL 32966 US							h 1 33 11/151 - 201		rii svih srih s	. 1991 July (1991)	7819 FIZ	197 0 i de (189 1)	
Principal Place of Business - No P.O. Box # Mailing Address													
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	6. Name	and Address of Current	t Registere	d Agent		Name		7. Name and	Address of N	aw Registe	red Agent		
COLLING,										······································			
500 NORT SUITE 203		AND AVENUE				Street A	Address (1	P.O. Box Number	er is Not Accep	otable),	~		
MAITLANI		51											
						City		1.00			FL Zip	Code	9
	named entity tions of regist	y submits this statement fi tered agent.	for the purpo	ose of changing its	registere	ed office o	or register	ed agent, or bot	th, in the State	of Florida.	am familiar	with,	and accept
SIGNATURE	Signature, typed	or printed name of registered egen	nt and title if appl	icable. (NOTE	: Registered	d Agent signer	ture required	when reinstating)		D	ATE		
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12. Thereby certify that the information supplied with this filling 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 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:

By: Which is the information contained in Chapter 617, Florida Statutes. I further certify that the information indicates. I further certify that the information indicates in the same legal effect as if made under cast indicates. I further certify that the information indicates in the corporation or the receiver or that I am an officer or director.

SIGNATURE:

Description of the information indicates in the information indicates in the same legal effect as if made under cast, that I am an officer or director.

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