

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000005550**

1. Entity Name  
**COUNTRYGROVE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2789 COUNTRY WAY  
CLEARWATER, FL 33763 US**

Mailing Address  
**2789 COUNTRY WAY  
CLEARWATER, FL 33763 US**



01202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3499764**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOHNSON, DANIEL F CPA  
31940 U.S. HWY. 19 NORTH  
PALM HARBOR, FL 34684**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD/T  
MCKINNEY, THOMAS  
2789 COUNTRY WAY  
CLEARWATER, FL 33763**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MISKIEWIC, STEVE  
2786 COUNTRY WAY  
CLEARWATER, FL 33763**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
MISKLSWIC, STEVE  
2789 COUNTRY WAY  
CLEARWATER, FL 33763**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
YENSAN, DON  
2787 COUNTRY WAY  
CLEARWATER, FL 33763**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
REYNOLDS, TERRI  
2796 ALEXANDER DRIVE  
CLEARWATER, FL 33763**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SKOGLUND, GERMAINE  
2770 COUNTRY WAY  
CLEARWATER, FL 33763**

000000402104  
02/02/06-80072-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** *Thomas A. McKinney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/06**  
Date Daytime Phone #