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

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90907 049 ****61.25

DOCUMENT # N99000003017

1. Entity Name THE COUNTYARDS AT SANDY PINES PROGRESSIVE HOMEOWNERS ASSOCIATION INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1608 Sunny Brook Ln NE	1608 Sunny Brook Ln NE
Suite, Apt. #, etc. E107	Suite, Apt. #, etc. E107
City & State PALM BAY FL	City & State PALM BAY FL
Zip 32905 Country USA	Zip 32905 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3629250 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name JOHN CLARK

Street Address (P.O. Box Number is Not Acceptable)

2120 REDWOOD CIRCLE NE

City PALM BAY FL Zip Code 32905

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 JOHN CLARK, PRESIDENT 2-23-03

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

FEE IS $61.25
Initial or Amended UBR

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	P/D
NAME	JOHN CLARK
STREET ADDRESS	2120 REDWOOD CIRCLE NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	V/P
NAME	CHARLES WAND
STREET ADDRESS	2088 MAJESTIC PALM CT. NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	S/D
NAME	PHYLLIS CATANZARO
STREET ADDRESS	2005 REDWOOD CIRCLE NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	T/D
NAME	ANDY MARINO
STREET ADDRESS	2089 REDWOOD CIRCLE NE
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	D
NAME	LOUIS IHRIG
STREET ADDRESS	2236 REDWOOD CIRCLE NE
CITY-ST-ZIP	PALM BAY FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CLARK 2-23-03 321-957-0641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #