

**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 # <u>N99000003017</u>	
1. Entity Name <u>THE COUNTRY AND SANDY PINES PRESERVE HOMEOWNERS ASSOCIATION INC.</u>	

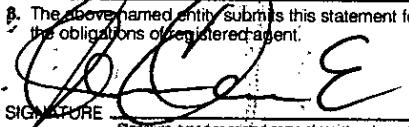
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1608 Sunny Brooklyn NE</u> Suite, Apt. #, etc. <u>E107</u> City & State <u>PALM BAY FL</u> Zip <u>32905</u> Country <u>USA</u>	3. Mailing Address <u>1608 Sunny Brooklyn NE</u> Suite, Apt. #, etc. <u>E107</u> City & State <u>PALM BAY FL</u> Zip <u>32905</u> Country <u>USA</u>
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>59-3629250</u>	Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <u>John Clark</u> Street Address (P.O. Box Number is Not Acceptable) <u>2120 Redwood Circle NE</u> City <u>PALM BAY</u> FL Zip Code <u>32905</u>	

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.

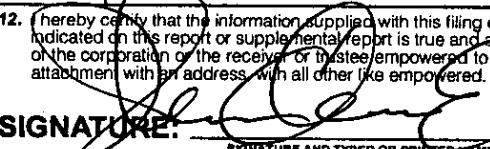
SIGNATURE  JOHN CLARK, PRESIDENT DATE 2-23-03

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

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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P/D</u> <u>JOHN CLARK</u> <u>2120 REDWOOD CIRCLE NE</u> <u>PALM BAY, FL 32905</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V/P</u> <u>CHARLES WYAND</u> <u>2088 MAJESTIC PINE CT. NE</u> <u>PALM BAY, FL 32905</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>S/D</u> <u>PHYLLIS CATARINO</u> <u>2005 REDWOOD CIRCLE NE</u> <u>PALM BAY, FL 32905</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>T/D</u> <u>ANDY MARINO</u> <u>2089 REDWOOD CIRCLE NE</u> <u>PALM BAY, FL 32905</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>LOUIS IHRIG</u> <u>2236 REDWOOD CIRCLE NE</u> <u>PALM BAY FL 32905</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE:  John Clark DATE 2-23-03 DAYTIME PHONE # 321-957-0641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)