

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31980

**Entity Name:** THE HOMEOWNERS ASSOCIATION OF TOWNHOMES OF COUNTRYSIDE, INC.

**FILED**  
**Mar 20, 2024**  
**Secretary of State**  
**0237333647CC**

**Current Principal Place of Business:**

10502 N DALE MABRY HWY  
TAMPA, FL 33618

**Current Mailing Address:**

10502 N DALE MABRY HWY  
TAMPA, FL 33618 US

**FEI Number: 59-2961787**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WESTCOAST MANAGEMENT & REALTY INC  
10502 N DALE MABRY HWY  
TAMPA, FL 33618 US

*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.*

**SIGNATURE: DENISE HELBIG**

**03/20/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DENNING, DOUGLAS  
Address        10502 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

Title            TREASURER  
Name            HECKMAN, DAVID  
Address        10502 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

Title            VP  
Name            KRUKONIS, JOSEPH  
Address        10502 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

Title            DIRECTOR  
Name            PARKER, MARC  
Address        10502 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

Title            SECRETARY  
Name            WALLENS, IVAN  
Address        10502 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DOUGLAS DENNING**

**PRESIDENT**

**03/20/2024**

Electronic Signature of Signing Officer/Director Detail

Date