

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49239

Entity Name: COUNTRY VILLAS OF SAFETY HARBOR HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**101 COUNTRYVILLAS DRIVE
SAFETY HARBOR, FL 34695-0560**Current Mailing Address:**PO BOX 560
SAFETY HARBOR, FL 34695-0560 US**FEI Number: 59-3005259****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RIVERA, JASON D.
112 FOREST CIR.
SAFETY HARBOR, FL 34695 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: JASON D. RIVERA****04/23/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	RIVERA, JASON D.
Address	112 FOREST CIR.
City-State-Zip:	SAFETY HARBOR FL 34695

Title	PRESIDENT
Name	SMITH, AUSTIN B.
Address	112 FOREST CIR.
City-State-Zip:	SAFETY HARBOR FL 34695

Title	VP
Name	EDMONDSON, STEVE
Address	101 FOREST CIR.
City-State-Zip:	SAFETY HARBOR FL 34695

Title	SECRETARY
Name	GRIMES, KATHLEEN
Address	248 HARBOR SIDE DR.
City-State-Zip:	SAFETY HARBOR FL 34695

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: JASON D. RIVERA**TREASURER****04/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date