FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

-APPROVED AND FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **770883** **(7)**

1. Corporation Name

COUNTRYSIDE PUD UNIT III-B HOMEOWNERS ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
P.O. BOX 291353 PORT ORANGE FL 32129-8353	P.O. BOX 291353 PORT ORANGE FL 32129-8353

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1983
3a. Date of Last Report: 01/25/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

NORRIS, BARBARA
904 N LAKEWOOD TERR
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

31 Name: TURCOTTE, MARK
32 Street Address (P.O. Box Number is Not Acceptable): 929 N. LAKEWOOD TERRACE
33:
34 City: PORT ORANGE FL 35 Zip Code: 32127

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mark Turcotte — Mark A. Turcotte President — 4/11/95
Signature, typed or printed name of registered agent, and title if applicable — DATE — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	T/D	☑ Change ☐ Addition
NAME	MINZEY, FRANK	12 NAME		
STREET ADDRESS	949 CRYSTAL LAKE DR	13 STREET ADDRESS		
CITY ST ZIP	PORT ORANGE FL	14 CITY ST ZIP	32127	
TITLE	S	21 TITLE	S/D	☐ Change ☑ Addition
NAME	MOORE, LYNDA	22 NAME		
STREET ADDRESS	950 CRYSTAL LAKE DRIVE	23 STREET ADDRESS		
CITY ST ZIP	PORT ORANGE FL	24 CITY ST ZIP	32127	
TITLE	T	31 TITLE	P/D	☑ Change ☐ Addition
NAME	BOGDANOFF, MELODY	32 NAME	TURCOTTE, MARK	
STREET ADDRESS	927 FOREST GLEN DRIVE	33 STREET ADDRESS	929 N. LAKEWOOD TERRACE	
CITY ST ZIP	PORT ORANGE FL	34 CITY ST ZIP	PORT ORANGE, FL 32127	
TITLE	P	41 TITLE	D	☑ Change ☐ Addition
NAME	NORRIS, BARBARA	42 NAME		
STREET ADDRESS	904N. LAKEWOOD TERRACE	43 STREET ADDRESS		
CITY ST ZIP	PORT ORANGE FL	44 CITY ST ZIP	32127	
TITLE	D	51 TITLE	V/D	☑ Change ☐ Addition
NAME	BLAIS, MURIEL	52 NAME	FITZGERALD, PAUL	
STREET ADDRESS	928 N. LAKWWOOD TERRACE	53 STREET ADDRESS	910 N. LAKEWOOD TERRACE	
CITY ST ZIP	PORT ORANGE SL	54 CITY ST ZIP	PORT ORANGE, FL 32127	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank J. Minzey — FRANK MINZEY - TREASURER — 4-11-95 — (904) 767-9958
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE OF OFFICER OR DIRECTOR — Date — Daytime Phone #

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