

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 770883 (7)**  
1. Corporation Name  
**COUNTRYSIDE PUD UNIT III-B HOMEOWNERS ASSOCIATION, INC.**



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

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

3. Date Incorporated or Qualified 10/24/1983 3a. Date of Last Report 05/01/1995  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

## 9. Name and Address of Current Registered Agent

**TURCOTTE, MARK  
929 NORTH LAKEWOOD TERRACE  
PORT ORANGE FL 32127**

## 10. Name and Address of New Registered Agent

81 Name **LYNDA MOORE**  
82 Street Address (P.O. Box Number is Not Acceptable) **950 Crystal Lake Drive**  
83 City **PORT ORANGE** FL 85 Zip Code **32127**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Lynda Moore*  
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when re-stating)

**May 9, 1996**  
DATE

## 12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TD	MINZEY, FRANK	949 CRYSTAL LAKE DR	PORT ORANGE FL	<input checked="" type="checkbox"/>
SB	MOORE, LYNDA	950 CRYSTAL LAKE DRIVE	PORT ORANGE FL	<input type="checkbox"/>
PD	TURCOTTE, MARK	929 N. LAKEWOOD TERRACE	PORT ORANGE FL	<input checked="" type="checkbox"/>
D	NORRIS, BARBARA	904N. LAKEWOOD TERRACE	PORT ORANGE FL	<input type="checkbox"/>
VO	FITZGERALD, PAUL	910 N. LAKEWOOD TERRACE	PORT ORANGE FL	<input type="checkbox"/>
				<input type="checkbox"/>

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)(k), 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: *Barbara Norris - Treas.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BARBARA NORRIS**

**May 9, 1996**  
DATE DAYTIME PHONE #

CRZE037 (12/95)