

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

01-10-2002 90011 012 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **770883**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75**-Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONNELLAN, JOSEPH P  
954 CRYTAL LAKE DR  
PORT ORANGE FL 32127**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

SIGNATURE **JOSEPH P. DONNELLAN - TREASURER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

*Joseph P. Donnellan* 1/7/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **PLUNKETT, BEVERLY**  
STREET ADDRESS **835 NORTH LAKEWOOD TERRACE**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **P.**  Change  Addition  
NAME **JONES, DENOVAN**  
STREET ADDRESS **916 N. LAKEWOOD TERR.**  
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE **VP**  Delete  
NAME **LATOURELLE, WILLIAM**  
STREET ADDRESS **944 CRYSTAL LAKE DR**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **V.**  Change  Addition  
NAME **FINLEY, SHAWN**  
STREET ADDRESS **940 CRYSTAL LAKE DR.**  
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE **S**  Delete  
NAME **MINZEY, FRANK**  
STREET ADDRESS **949 CRYSTAL LAKE DRIVE**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **S**  Change  Addition  
NAME **HERRING, FAME**  
STREET ADDRESS **905 N. LAKEWOOD TERR.**  
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE **T**  Delete  
NAME **DONNELLAN, JOSEPH P**  
STREET ADDRESS **954 CRYSTAL LAKE DR**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE  Change  Addition  
NAME **-> SAME**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **MARKUSIC, JOHN**  
STREET ADDRESS **942 CRYSTAL LAKE DR**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE  Change  Addition  
NAME **-> SAME**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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)(f), 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 individual or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Joseph P. Donnellan* **J.P. DONNELLAN** 1/7/02 386-761-2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)