## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#770883** 

FILED Apr 30, 2009 Secretary of State

Entity Name: COUNTRYSIDE PUD UNIT III-B HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 291353 904 N LAKEWOOD TERR

PORT ORANGE, FL 321298353 PORT ORANGE, FL 32127 US

Current Mailing Address: New Mailing Address:

P.O. BOX 291353 P O BOX 291353

PORT ORANGE, FL 321298353 PORT ORANGE, FL 321291353 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

NORRIS, BARBARA A T
904 N LAKEWOOD TERR
PORT ORANGE, FL 32127 US
NORRIS, BARBARA A T
904 N LAKEWOOD TERR
PORT ORANGE, FL 32127 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: BARBARA A NORRIS 04/30/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 BASTOW, DEBORAH
 Name:
 BASTOW, DEBORAH B PRES

 Address:
 902 N LAKEWOOD TERR
 Address:
 902 N LAKEWOOD TERR

 City-St-Zip:
 PORT ORANGE, FL 32127
 City-St-Zip:
 PORT ORANGE, FL 32127

Title: ( ) Delete Title: (X) Change ( ) Addition BROWNFIELD, BARBARA BROWNFIELD, BARBARA SECY Name: Name: Address: 939 N LAKEWOOD TERR Address: 939 N LAKEWOOD TERR City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: PORT ORANGE, FL 32127

Title: () Delete Title: (X) Change ( ) Addition NORRIS, BARBARA Name: NORRIS, BARBARA A TREAS Name: 904 N LAKEWOOD TERR 904 N LAKEWOOD TERR Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: PORT ORANGE, FL 32127

 Name:
 TRAN, DANIEL
 Name:
 TRAN, DANIEL DIR

 Address:
 906 N LAKEWOOD TERR
 Address:
 906 N LAKEWOOD TERR

 City-St-Zip:
 PORT ORANGE, FL 32127
 City-St-Zip:
 PORT ORANGE, FL 32127

Title: D ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 BROWNFIELD, BARBARA
 Name:
 JASPER, ED V-PRES

 Address:
 939 N. LAKEWOOD TERR
 Address:
 914 N LAKEWOOD TERR

 City-St-Zip:
 PORT ORANGE, FL 32127
 City-St-Zip:
 PORT ORANGE, FL 32127

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 JASPER, ED
 Name:

 Address:
 914 N LAKEWOOD TERR
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32127
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA A NORRIS TRES 04/30/2009