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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:19

DOCUMENT # N12838 (1)

1. Corporation Name

COUNTRYSIDE AT THE VALLEY HOMEOWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
P.O. BOX 11794 JACKSONVILLE FL 32239-0794 US	P.O. BOX 11794 JACKSONVILLE FL 32239-0794 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1985
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2622279 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ELEFANT, FRED
1650 PRUDENTIAL DR, SUITE 105
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 Edmund R. Kemp
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President -D ☑ Change ☐ Addition
NAME	VOSS, JOHN P	1.2 NAME	Kemp, Edmund R.
STREET ADDRESS	11976 ARBOR LAKE DR	1.3 STREET ADDRESS	3919 Meadowview Dr. N.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	VP	2.1 TITLE	Asst. V.P. -D ☑ Change ☐ Addition
NAME	SPARKS, RIEK	2.2 NAME	Judy Pringle
STREET ADDRESS	3954 MECIDCUVIEW DR N	2.3 STREET ADDRESS	3979 Meadowview Dr N.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jax, FL 32225
TITLE	AVP	3.1 TITLE	Vice President -D ☑ Change ☐ Addition
NAME	PIERRI, SHERRY	3.2 NAME	Susan Simmons
STREET ADDRESS	12002 MEADOWVIEW DR ST	3.3 STREET ADDRESS	12042 Arbor Lake Dr.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jax, FL 32225
TITLE	T	4.1 TITLE	Treasurer -D ☑ Change ☐ Addition
NAME	DUBLEY, RHONDA L	4.2 NAME	Cheryl C. Hampton
STREET ADDRESS	11970 ARBOR LAKE DR	4.3 STREET ADDRESS	10004 Meadowview Dr. S.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	S	5.1 TITLE	Secretary -D ☑ Change ☐ Addition
NAME	GREENE, TERRY	5.2 NAME	Lucretia Brown
STREET ADDRESS	3948 MEADOWVIEW DR	5.3 STREET ADDRESS	12038 Arbor Lake Dr.
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	RODGERS, JEANNE	6.2 NAME	
STREET ADDRESS	3944 MEADOWVIEW DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 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: Edmund R. Kemp Edmund R. Kemp 01 FEB 95 (904) 642-0694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026224