

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12838 (1)
1. Corporation Name
COUNTRYSIDE AT THE VALLEY HOMEOWNERS ASSOCIATION
, INC.



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

3. Date Incorporated or Qualified 12/31/1985 3a. Date of Last Report 03/24/1995

2. Principal Place of Business 2a. Mailing Address
21 P.O. Box 8058 26 P.O. Box 8058

4. FEI Number 59-2622279 Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State 27 City & State
23 Jacksonville, FL 28 Jacksonville, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country
32239 Duval 32239 Duval

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	KEMP, EDMUND R.	3919 MEADOWVIEW DR N	JACKSONVILLE FL	<input type="checkbox"/>
VPD	PRINGLE, JUDY	3979 N MEADOWVIEW DR	JACKSONVILLE FL	<input checked="" type="checkbox"/>
VPD	SIMMONS, SUSAN	12042 ARBOR LAKE DR	JACKSONVILLE FL	<input type="checkbox"/>
TD	HAMPTON, CHERYL C.	12004 S MEADOWVIEW DR	JACKSONVILLE FL	<input checked="" type="checkbox"/>
SD	BROWN, LUCRETIA	12038 ARBOR LAKE DR	JACKSONVILLE FL	<input checked="" type="checkbox"/>
D	RODGERS, JEANNE	3944 MEADOWVIEW DR	JACKSONVILLE FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
VPD	Richard Jones	12009 Meadowview Dr.	Jacksonville, FL 32225	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Terri Tolman	3928 Meadowview Dr.	Jacksonville, FL 32225	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Crystal Baker	3943 Meadowview Dr.	Jacksonville, FL 32225	<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:

Edmund R. Kemp
Edmund R. Kemp
President

25 July 96 (804) 642-0694
Date Daytime Phone #

0002084

CR2E037 (3/96)