

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mothman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12838 (1)

1. Corporation Name
COUNTRYSIDE AT THE VALLEY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 8058 JACKSONVILLE FL 32239-0784 US	Mailing Address P.O. BOX 8058 JACKSONVILLE FL 32239-0058 US
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2. Principal Place of Business 21 c/o Four Seasons Mgmt	2a. Mailing Address 26 c/o Four Seasons Mgmt
22 10036 Sawgrass Dr. #3	27 P.O. Box 1159
23 Ponte Vedra Beach, FL	28 Ponte Vedra Beach, FL
24 32082 25 USA	29 32004 30 USA

3. Date Incorporated or Qualified 12/31/1985	3a. Date of Last Report 07/30/1996
4. FEI Number 59-2622279	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 **Donald J. Munch**

82 Street Address (P.O. Box Number is Not Acceptable)
c/o Four Seasons Mgmt

83 **10036 Sawgrass Dr. #3**

84 City **Ponte Vedra Beach** **FL** **85 Zip Code** **32082**

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 Donald Munch DATE 4/22/97

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEMP, EDMUND R.	1.2 NAME	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	3919 MEADOWVIEW DR N	1.3 STREET ADDRESS	PD Hobbs, Barbara
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	12009 Meadowview Dr. Jacksonville, FL 32225
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, RICHARD	2.2 NAME	Forrester, Nora
STREET ADDRESS	12009 MEADOWVIEW DRIVE	2.3 STREET ADDRESS	3901 Meadowview Drive
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, SUSAN	3.2 NAME	Wanzen, Derrick
STREET ADDRESS	12042 ARBOR LAKE DR	3.3 STREET ADDRESS	12072 Arbor Lake Dr.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLMAN, TERRI	4.2 NAME	SP Tolman, Terri
STREET ADDRESS	3928 MEADOWVIEW DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, CRYSTAL	5.2 NAME	PD Pringle, Judy
STREET ADDRESS	3943 MEADOWVIEW DRIVE	5.3 STREET ADDRESS	3979 Meadowview Drive
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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.

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CR2E037 (9/96)