


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 100036 SAWGRASS DRIVE, STE 3, PONTE VERDE BEACH FL 32082, US
Mailing Address: P.O. BOX 1159, PONTE VERDE BEACH FL 32004, US

3. Date Incorporated or Qualified: 12/31/1985
4. FEI Number: 59-2622279
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: MUNCH, DONALD, 10036 SAWGRASS DR, STE 3, PONTE VERDE BEACH FL 32082

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: HOBBS, BARBARA	DELETED: <input type="checkbox"/>
STREET ADDRESS: 12009 MEADOWVIEW DR	CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: VP S	NAME: FORRESTER, NORA	DELETED: <input type="checkbox"/>
STREET ADDRESS: 3901 MEADOWVIEW DR	CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: VP VD	NAME: WARREN, DERRICK	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 12072 ARBOR LAKE DR	CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: VP D	NAME: TOLMAN, TERRY	DELETED: <input type="checkbox"/>
STREET ADDRESS: 3928 MEADOWVIEW DRIVE	CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: VP VP T	NAME: PRINGLE, JUDY	DELETED: <input type="checkbox"/>
STREET ADDRESS: 3979 MEADOWVIEW DRIVE	CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: _____	NAME: _____	DELETED: <input type="checkbox"/>
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: D	1.2 NAME: VP Jeffrey Hewlett	Change: <input checked="" type="checkbox"/> Addition: <input checked="" type="checkbox"/>
1.3 STREET ADDRESS: 3985 MEADOWVIEW DRIVE	1.4 CITY-ST-ZIP: JACKSONVILLE, FL	
2.1 TITLE: _____	2.2 NAME: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.3 STREET ADDRESS: _____	2.4 CITY-ST-ZIP: _____	
3.1 TITLE: _____	3.2 NAME: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.3 STREET ADDRESS: _____	3.4 CITY-ST-ZIP: _____	
4.1 TITLE: _____	4.2 NAME: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.3 STREET ADDRESS: _____	4.4 CITY-ST-ZIP: _____	
5.1 TITLE: _____	5.2 NAME: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.3 STREET ADDRESS: _____	5.4 CITY-ST-ZIP: _____	
6.1 TITLE: _____	6.2 NAME: _____	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.3 STREET ADDRESS: _____	6.4 CITY-ST-ZIP: _____	

14. I 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.

SIGNATURE: _____ DATE: 2/19/98 396-1238

CR2E037 (10/97)