

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12838

1. Entity Name

COUNTRYSIDE AT THE VALLEY HOMEOWNERS ASSOCIATION

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 32004-1159
US

2. Principal Place of Business

2180 W SR 434
Suite, Apt. #, etc.
STE 5000

3. Mailing Address

2180 W SR 434
Suite, Apt. #, etc.
STE 5000

City & State
LONGWOOD FL

City & State
LONGWOOD FL

Zip
32779

Country
US

Zip
32779

Country
US

4. FEI Number 59-2622279

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNCH, DONALD
10036 SAWGRASS DR
STE 3
PONTE VERDE BEACH FL 32082

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779-5044

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOBBS, BARBARA 12009 MEADOWVIEW DR JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORRESTER, NORA 3901 MEADOWVIEW DR JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HEWLETT, JEFFREY 3985 MEADOWLEW DR JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOLMAN, TERRY 3928 MEADOWVIEW DRIVE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEY, GAIL 3965 MEADOWVIEW DR JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVE MANOLIS 12042 ARBOR LAKE DR JACKSONVILLE FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/19/00

904-381-1938

Date

Daytime Phone #

x118

CR2E037 (9/99)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90035 043 ****61.25



DO NOT WRITE IN THIS SPACE