

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90043 038 ****61.25

DOCUMENT # N12838

1. Entity Name

COUNTRYSIDE AT THE VALLEY HOMEOWNERS ASSOCIATION

Principal Place of Business

2180 W SR 434, SUITE 5000
 LONGWOOD FL 32779
 US

Mailing Address

2180 W SR 434, SUITE 5000
 LONGWOOD FL 32779
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2622279

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HART, JAMES W JR
 SENTRY MANAGEMENT INC
 2180 W SR 434, SUITE 5000
 LONGWOOD FL 32779**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 PD
 NAME HOBBS, BARBARA
 STREET ADDRESS 12009 MEADOWVIEW DR
 CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE SD
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD
 NAME FORRESTER, NORA
 STREET ADDRESS 3901 MEADOWVIEW DR
 CITY-ST-ZIP JACKSONVILLE FL 32225 ☒ Delete

TITLE PD
 NAME JARRELL, DENNIS
 STREET ADDRESS 12011 S MEADOWVIEW
 CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Change ☒ Addition

TITLE VD
 NAME HEWLETT, JEFFREY
 STREET ADDRESS 3985 MEADOWLEW DR
 CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE
 NAME
 STREET ADDRESS 3985 N MEADOWVIEW DR
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TD
 NAME KEY, GAIL
 STREET ADDRESS 3965 MEADOWVIEW DR
 CITY-ST-ZIP JACKSONVILLE FL 32225 ☒ Delete

TITLE TD
 NAME GONZALEZ, RONALD
 STREET ADDRESS 12016 ARBOR LK DR
 CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Change ☒ Addition

TITLE VD
 NAME MANOLIS, STEVE
 STREET ADDRESS 12042 ARBOR LAKE DRIVE
 CITY-ST-ZIP JACKSONVILLE FL 32225 ☒ Delete

TITLE VD
 NAME ROBERTS, JOHN
 STREET ADDRESS 3947 N MEADOWVIEW DR
 CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

Ronald Gonzalez

02/22/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)