

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12838

1. Entity Name

**COUNTRYSIDE AT THE VALLEY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2180 W SR 434, SUITE 5000  
LONGWOOD FL 32779  
US

2180 W SR 434, SUITE 5000  
LONGWOOD FL 32779  
US

2. Principal Place of Business

3. Mailing Address

1732 Kingsley Ave

1732 Kingsley Ave

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

Orange Park, FL

City & State

Orange Park, FL

Zip

32073

Country

USA

Zip

32073

Country

USA

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

ALAN PERRY

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

1732 KINGSLEY AVE, STE 202

City

ORANGE PARK

FL

Zip Code

32073

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

*Alan Perry* ALAN PERRY

13 MAR 02

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	SD	<input checked="" type="checkbox"/> Delete
NAME	HOBBS, BARBARA	
STREET ADDRESS	12009 MEADOWVIEW DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JARRELL, DENNIS	
STREET ADDRESS	12011 S MEADOWVIEW	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HEWLETT, JEFFREY	
STREET ADDRESS	3985 N MEADOWVIEW DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, RONALD	
STREET ADDRESS	12016 ARBOR LK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, JOHN	
STREET ADDRESS	3947 N MEADOWVIEW DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDON, EDDIE	
STREET ADDRESS	12015 S. Meadowview Drive	
CITY-ST-ZIP	Jacksonville FL 32225	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLMAN, TERRI	
STREET ADDRESS	3928 N. Meadowview Drive	
CITY-ST-ZIP	Jacksonville FL 32225	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynn Glidden	
STREET ADDRESS	12012 S. Meadowview Drive	
CITY-ST-ZIP	Jacksonville FL 32225	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kovatch, William	
STREET ADDRESS	3919 S. Meadowview	
CITY-ST-ZIP	Jacksonville FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02

Date

886-8472

Daytime Phone #

CR2E037 (9/01)

FILED  
Mar 27, 2002 8:00 am  
Secretary of State

03-27-2002 90029 002 \*\*\*\*\*70.00



DO NOT WRITE IN THIS SPACE