
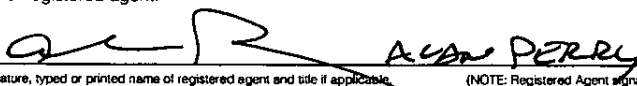
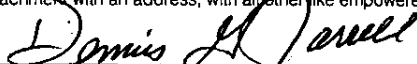


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90063 039 \*\*\*\*70.00

<b>DOCUMENT # N12838</b>			
1. Entity Name COUNTRYSIDE AT THE VALLEY HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1732 KINGSLEY AVE SUITE 202 ORANGE PARK, FL 32073 US		Mailing Address 1732 KINGSLEY AVE SUITE 202 ORANGE PARK, FL 32073 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. Professional Com. 786 Blanding Blvd. #118 Orange Park, FL 32065		City, Mgt. Inc.	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERRY, ALAN 1732 KINGSLEY AVE SUITE 202 ORANGE PARK, FL 32073		Alan Perry 786 Blanding Blvd. #118 Orange Park, FL 32065	
Street Address (P.O. Box Number in )		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE <u>6 Apr 05</u>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRELL, DENNIS	NAME	
STREET ADDRESS	12011 MEADOWVIEW DR. S.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLMAN, TERRY	NAME	Tolman, Terry
STREET ADDRESS	3928 N MEADOWVIEW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLIDDEN, LYNN	NAME	
STREET ADDRESS	12012 S MEADOWVIEW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, CLARA	NAME	
STREET ADDRESS	12016 MEADOWVIEW DR. S.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, BARBARA	NAME	
STREET ADDRESS	3947 MEADOWVIEW DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, CLARA	NAME	
STREET ADDRESS	12016 MEADOWVIEW DR. S.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	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: 		DATE: <u>4-1-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
Dennis Jarrell		298-2324	
		Daytime Phone #	