

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90073 006 ****70.00

DOCUMENT # N12838

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**PERRY, ALAN
1732 KINGSLEY AVE
SUITE 202
ORANGE PARK FL 32073**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STD LANDON, EDDIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	12015 S MEADOWVIEW DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE NAME	DV TOLMAN, TERRI	<input type="checkbox"/> Delete
STREET ADDRESS	3928 N MEADOWVIEW DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE NAME	D GLIDDEN, LYNN	<input type="checkbox"/> Delete
STREET ADDRESS	12012 S MEADOWVIEW DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE NAME	D KOVATCH, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3919 S MEADOWVIEW	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DP DENNIS DARRELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	12011 MEADOWVIEW DR S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DT CLARA STEELE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	12016 MEADOWVIEW DR S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Dennis Darrell**

3-19-03

CR2E037 (10/02)