FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38013 (1)

1. Corporation Name

COUNTRYSIDE SOUTH HOMEOWNER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1405 82ND AVE. #700 VERO BEACH FL 32966 US	1405 82ND AVE. #700 VERO BEACH FL 32966 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1990
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0187731 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLOR, JAMES A
2770 INDIAN RIVER BLVD., SUITE 501
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ALBER, ROBERT H	1.2 NAME	DAVIS, WILLARD	
STREET ADDRESS	1405 82ND AVE #284	1.3 STREET ADDRESS	1405 82ND AVE. #140	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	VERO BEACH, FL. 32966	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	SUTHERLIN, JANET A	2.2 NAME	AHEARN, ANNA H.	
STREET ADDRESS	1405 82ND AVE #119	2.3 STREET ADDRESS	1405 82ND AVE. #35	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL. 32966	
TITLE	D	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	STEPHENSON, PAUL F	3.2 NAME	MILLER, ARTHUR	
STREET ADDRESS	1405 82ND AVE #47	3.3 STREET ADDRESS	1405 82ND AVE. #113	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	VERO BEACH, FL. 32966	
TITLE	SD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	NIEDRINGHAUS, ELEANOR	4.2 NAME	NIEDRINGHAUS, ELEANOR	
STREET ADDRESS	1405 82ND AVE #250	4.3 STREET ADDRESS	1405 82ND AVE. #250	
CITY-ST-ZIP	VERO BEACH FL 32966	4.4 CITY-ST-ZIP	VERO BEACH, FL. 32966	
TITLE	VD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	CLEVELAND, ROBERT J	5.2 NAME	BOUCHER, MARTIN	
STREET ADDRESS	1405 82ND AVE #129	5.3 STREET ADDRESS	1405 82ND AVE. #264	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	VERO BEACH, FL. 32966	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SCHNEIDER, MARVIN F	6.2 NAME	GRIFFIN, ARTHUR	
STREET ADDRESS	1405 82ND AVE #50	6.3 STREET ADDRESS	1405 82ND AVE. #13	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	VERO BEACH, FL. 32966	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

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SIGNATURE: Anna H. Ahearn - ANNA H. AHEARN - TREASURER 3/21/95 - 778-8295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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