2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770883

Entity Name: COUNTRYSIDE PUD UNIT III-B HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2842 REGENT CRESCENT ST.
S. DAYTONA, FL 32119

Current Mailing Address:

2842 REGENT CRESCENT ST.
S. DAYTONA, FL 32119 US

FEI Number: 59-2479207

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHATLEY, NANCY D
2842 REGENT CRESCENT ST.
S. DAYTONA, FL 32119 US

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: NANCY D. CHATLEY   04/23/2019

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	P		Title	VP
Name	GOSLINE, CLAUDIA		Name	TARY, NICK
Address	P..O. BOX 290275		Address	P.O. BOX 290275
City-State-Zip:	PORT ORANGE FL 32129		City-State-Zip:	PORT ORANGE FL 32127
Title	TREASURER		Title	D, SECRETARY
Name	MAYNARD, SANDY DIR		Name	COCKERHAM, SUSAN
Address	943 N. LAKEWOOD TERR.		Address	925 FOREST GLEN DRIVE
City-State-Zip:	PORT ORANGE FL 32127		City-State-Zip:	PORT ORANGE FL 32127
Title	DIRECTOR		Title	DIRECTOR
Name	KLEMENT, JOHN		Name	ILLAN , ROBERT
Address	926 N. LAKEWOOD TERRACE		Address	953 CRYSTAL LAKE DRIVE
City-State-Zip:	PORT ORANGE FL 32127		City-State-Zip:	PORT ORANGE FL 32127
Title	DIRECTOR			
Name	ROBERTS, ARCHIE			
Address	P.O. BOX 290275			
City-State-Zip:	PORT ORANGE FL 32127			

I *hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: CLAUDIA GOSLINE   PRESIDENT   04/23/2019

Electronic Signature of Signing Officer/Director Detail   Date