

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770883

Entity Name: COUNTRYSIDE PUD UNIT III-B HOMEOWNERS ASSOCIATION, INC.**FILED**
Jan 26, 2024
Secretary of State
3179557959CC**Current Principal Place of Business:**344 S WOODLAND BLVD
DELAND, FL 32720**Current Mailing Address:**C/O GOODFELLOW & CO., CPA
344 S. WOODLAND BLVD
DELAND , FL 32720 US**FEI Number: 59-2479207****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GOODFELLOW & CO., CPA
344 S WOODLAND BLVD
DELAND, FL 32720 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 GOODFELLOW****01/26/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	GOSLINE, CLAUDIA
Address	C/O GOODFELLOW & CO., CPA 344 S WOODLAND BLVD
City-State-Zip:	DELAND FL 32720

Title	SECRETARY, TREASURER
Name	BLANCHARD, DONNA
Address	C/O GOODFELLOW & CO., CPA 344 S WOODLAND BLVD
City-State-Zip:	DELAND FL 32720

Title	PRESIDENT
Name	GILLELAND, MAUREEN
Address	C/O GOODFELLOW & CO., CPA 344 S WOODLAND BLVD
City-State-Zip:	DELAND FL 32720

Title	VP
Name	MURPHY, ROBERT
Address	C/O GOODFELLOW & CO., CPA 344 S WOODLAND BLVD
City-State-Zip:	DELAND FL 32720

Title	DIRECTOR
Name	MALATESTA, CARISSA
Address	C/O GOODFELLOW & CO., CPA 344 S. WOODLAND BLVD
City-State-Zip:	DELAND FL 32720

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: DONNA BLANCHARD**SECRETARY/TREASURER 01/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date