

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23091

Entity Name: COUNTRYSIDE HEIGHTS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**4962 N. PALM AVENUE
WINTER PARK, FL 32792**Current Mailing Address:**P O BOX 4129
WINTER PARK, FL 32793**FEI Number: 59-2937915****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FRASCA, JOSEPH
4962 N PALM AVENUE
C/O PREFERRED COMMUNITY MANAGEMENT
WINTER PARK, FL 32792-9111 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title DIRECTOR, PRESIDENT
Name POSLUSZNY, MICHAEL
Address P O BOX 4129
City-State-Zip: WINTER PARK FL 32793Title DIRECTOR, VP
Name PAUL, TRESSA
Address P O BOX 4129
City-State-Zip: WINTER PARK FL 32793Title DIRECTOR, TREASURER
Name SPIEGEL, WILLIAM JR
Address P O BOX 4129
City-State-Zip: WINTER PARK FL 32793Title DIRECTOR, SECRETARY
Name SANDUSKY, CARRIE
Address P O BOX 4129
City-State-Zip: WINTER PARK FL 32793Title DIRECTOR
Name IANNUZZI, BOB
Address P O BOX 4129
City-State-Zip: WINTER PARK FL 32793

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: POSLUSZNY , MICHAEL**PRESIDENT****04/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date