

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40164

**Entity Name:** COUNTRYSIDE ESTATES FIRST ADDITION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4130 NE 33RD AVENUE  
OCALA, FL 34479

**Current Mailing Address:**

PO BOX 1198  
SILVER SPRINGS, FL 34489-1198

**FEI Number: 59-3179932**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAXFIELD, GLORIA O  
4130 NE 33RD AVENUE  
OCALA, FL 34479 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	PRES.	Title	BMD
Name	MEDLEY, GALE	Name	JOHNSON, ROGER
Address	3370 N.E. 42ND PLACE	Address	4222 N.E. 35TH AVE. RD.
City-State-Zip:	OCALA FL 34779	City-State-Zip:	OCALA FL 34479
Title	BMD	Title	BMD
Name	CERTA, JAMES	Name	ROJANO, FIDES
Address	4212 N.E. 35TH AVE. RD.	Address	3473 N.E. 42ND PLACE
City-State-Zip:	OCALA FL 34479	City-State-Zip:	OCALA FL 34479
Title	TR.		
Name	MAXFIELD, GLORIA O.		
Address	4130 N.E. 33RD AVE.		
City-State-Zip:	OCALA FL 34479		

*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: GLORIA O. MAXFIELD**

**TREASURER**

**01/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date