2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# 743698

Entity Name: THE COUNTRYSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4168 NORTH LANDAR DRIVE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

4168 NORTH LANDAR DRIVE
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 59-2346438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKELLAR, KAREN
4195 N. LANDAR DR
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	PERRY, GAYLE	
Address:	4256 S. LANDAR DR	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	VP	( ) Delete
Name:	MCDANIEL, MICHAEL C	
Address:	4184 N. LANDAR DR	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	T	( ) Delete
Name:	MACKELLAR, KAREN	
Address:	4195 N. LANDAR DR	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	S	( ) Delete
Name:	MEULEMAN, STEVE	
Address:	4307 S. LANDAR DR	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	ATLG	( ) Delete
Name:	WALDRON, CATHY	
Address:	4196 N. LANDAR	
City-St-Zip:	LAKE WORTH, FL 33463	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	SHERMAN, DEREK	
Address:	4233 S LANDAR DR	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ATLG	(X) Change ( ) Addition
Name:	KONDO, LILY	
Address:	17978 71ST LANE N	
City-St-Zip:	LOXAHATCHEE, FL 33470	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN MACKELLAR T 04/30/2007

Electronic Signature of Signing Officer or Director — Date