

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765341

FILED
Jan 05, 2010
Secretary of State

Entity Name: COUNTRYSIDE PUD RESIDENTIAL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

951 VILLAGE TRAIL
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

951 VILLAGE TRAIL
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-2247874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEARN JAMES J
138 LIVE OAK AVE
DAYTONA BEACH, FL 32114 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: PD
Name: KINER, JANICE
Address: 768 HUNT CLUB TRAIL
City-St-Zip: PORT ORANGE, FL 32127

Title: V
Name: FAILOR, TISH
Address: 975 BELLEFLOWER DR
City-St-Zip: PORT ORANGE, FL 32127

Title: D
Name: LANE, CAMERON
Address: 452 TANGERINE AVE.
City-St-Zip: LAKE HELEN, FL 32744

Title: SD
Name: WATTS, BARBARA
Address: 5770 PENDLEBERRY COURT
City-St-Zip: PORT ORANGE, FL 32127

Title: TD
Name: TOSCAR, JOAN
Address: 905 TEABERRY CIRCLE
City-St-Zip: PORT ORANGE, FL 32127

Title: D
Name: STEINEBACH, DDONNA
Address: 4009 N. WATERBRIDGE CIRCLE
City-St-Zip: PORT ORANGE, FL 321279

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: JANICE J. KINER

PD

01/05/2010

Electronic Signature of Signing Officer or Director

Date