

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 770340**

1. Entity Name  
COUNTRYSIDE PUD UNIT III-A HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business

TOWNHOMES 111 A  
PO BOX 291502  
PORT ORANGE, FL 32127 US

Mailing Address

TOWNHOMES 111 A  
PO BOX 291502  
PORT ORANGE, FL 32127 US

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2480069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, DONNA  
938-A MEADOW VIEW DRIVE  
PORT ORANGE, FL 32127

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE Donna Joyce Davis  
Signature, typed or printed name of registered agent and title if applicable

Donna Joyce Davis  
(NOTE: Registered Agent signature required when reinstating)

Jan. 15, 2007  
DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000607538  
01/31/07-80042-009 61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DAVIS, DONNA  
STREET ADDRESS 938-A MEADOWVIEW DR  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE VPD  
NAME POPLEES, CHARLES  
STREET ADDRESS 942-A WINDRIDGE DR  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE SD  
NAME MASTER, STEVE  
STREET ADDRESS 936-A MEADOW VIEW  
CITY-ST-ZIP PORT ORANGE, FL

TITLE TD  
NAME BOLDEN, LOVENIA  
STREET ADDRESS 945-A WINDRIDGE CT  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE D  
NAME OLSON, MAURICE  
STREET ADDRESS 945 B WINDRIDGE CT.  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Joyce Davis, Donna Joyce Davis, President Jan 15, 2007 (386) 756-8464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #