2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# 770340

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

Current Principal Place of Business:

TOWNHOMES 111 A
9384 MEADOW VIEW DR
PORT ORANGE, FL 32127 US

New Principal Place of Business:

TOWNHOMES III- A
938A MEADOW VIEW DR
PORT ORANGE, FL 32127 US

Current Mailing Address:

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

New Mailing Address:

TOWNHOMES III- A
PO BOX 291502
PORT ORANGE, FL 32129 US

FEI Number: 59-2480069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, DONNA
938-A MEADOW VIEW DRIVE
PORT ORANGE, FL 32127 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 ( ) Delete
Name: DAVIS, DONNA
Address: 938-A MEADOWVIEW DR
City-St-Zip: PORT ORANGE, FL 32127

Title: VPD ( ) Delete
Name: POPLEES, CHARLES
Address: 942-A WINDRIDGE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: SD ( ) Delete
Name: MASTER, STEVE
Address: 936-A MEADOW VIEW
City-St-Zip: PORT ORANGE, FL

Title: D ( ) Delete
Name: OLSON, MAURICE
Address: 945 B WINDRIDGE CT.
City-St-Zip: PORT ORANGE, FL 32127

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DAVIS, DONNA
Address: 938A MEADOW VIEW DR
City-St-Zip: PORT ORANGE, FL 32127

Title: VPD (X) Change ( ) Addition
Name: POPLEES, CHARLES
Address: 942A WINDRIDGE CT
City-St-Zip: PORT ORANGE, FL 32127

Title: SD (X) Change ( ) Addition
Name: MASTER, STEVE
Address: 936A MEADOW VIEW DR
City-St-Zip: PORT ORANGE, FL

Title: D (X) Change ( ) Addition
Name: OLSON, MAURICE
Address: 945B WINDRIDGE CT.
City-St-Zip: PORT ORANGE, FL 32127

Title: TR ( ) Change (X) Addition
Name: LOVELL, SHARON
Address: 933C MEADOW VIEW DR
City-St-Zip: PORT ORANGE, FL 32127

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: SHARON LOVELL TR 01/28/2009

Electronic Signature of Signing Officer or Director — Date