

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770340

FILED
Jan 06, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

TOWNHOMES III- A
938A MEADOW VIEW DR
PORT ORANGE, FL 32127 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
Name: DAVIS, DONNA
Address: 938A MEADOW VIEW DR
City-St-Zip: PORT ORANGE, FL 32127

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

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

Title: D
Name: REES, JUDITH
Address: 931D MEADOW VIEW DR
City-St-Zip: PORT ORANGE, FL 32127

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

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: DONNA JOYCE DAVIS

PRES

01/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date