

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770883** (7)
1. Corporation Name
COUNTRYSIDE PUD UNIT III-B HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 291353 PORT ORANGE FL 32129-8353
P.O. BOX 291353 PORT ORANGE FL 32129-8353

3. Date Incorporated or Qualified **10/24/1983** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
Volusia **Volusia**

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**TURCOTTE, MARK
929 NORTH LAKEWOOD TERRACE
PORT ORANGE FL 32127**

10. Name and Address of New Registered Agent
81 Name **LYNDA MOORE**
82 Street Address (P.O. Box Number is Not Acceptable) **950 Crystal Lake Drive**
83 City **PORT ORANGE** FL 85 Zip Code **32127**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Lynda Moore* (Date) **MAY 9, 1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINZEY, FRANK	1.2 NAME
STREET ADDRESS	949 CRYSTAL LAKE DR	1.3 STREET ADDRESS
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP
TITLE	SB PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, LYNDA	2.2 NAME
STREET ADDRESS	950 CRYSTAL LAKE DRIVE	2.3 STREET ADDRESS
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURCOTTE, MARK	3.2 NAME
STREET ADDRESS	929 N. LAKEWOOD TERRACE	3.3 STREET ADDRESS
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP
TITLE	D TREASURER <input type="checkbox"/> DELETE	4.1 TITLE TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, BARBARA	4.2 NAME
STREET ADDRESS	904N. LAKEWOOD TERRACE	4.3 STREET ADDRESS
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZGERALD, PAUL	5.2 NAME MURIEL BLAIS
STREET ADDRESS	910 N. LAKEWOOD TERRACE	5.3 STREET ADDRESS 928 N. LAKEWOOD TERRACE
CITY-ST-ZIP	PORT ORANGE FL	5.4 CITY-ST-ZIP PORT ORANGE, FL 32127
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME ANTHONY KUBACKI
STREET ADDRESS		6.3 STREET ADDRESS 946 CRYSTAL LAKE DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP PORT ORANGE, FL 32127

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara Norris - Treas* (Date) **MAY 9, 1996**

CR2E037 (12/95)