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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Barbara B. Northam
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 32129-1353

3. Date Incorporated or Qualified 10/24/1983 3a. Date of Last Report 03/18/1996
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MOORE, LYNDA
950 CRYSTAL LAKE DRIVE
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent
81 Name ~~Moore, Lynda~~
82 Street Address (P.O. Box Number is Not Acceptable) ~~950 Crystal Lake Dr~~
83
84 ~~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 3-14-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KUBACKI, ANTHONY	
STREET ADDRESS	946 CRYSTAL LAKE DRIVE	
CITY-ST-ZIP	PORT ORANGE-FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MOORE, LYNDA	
STREET ADDRESS	950 CRYSTAL LAKE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NORRIS, BARBARA	
STREET ADDRESS	904 N. LAKEWOOD TERRACE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FITZGERALD, PAUL	
STREET ADDRESS	910 N. LAKEWOOD TERRACE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLAIS, MURIEL	
STREET ADDRESS	928 N. LAKEWOOD TERRACE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	PLUNKETT, BEVERLY	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ANTHONY D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KUBACKI, ANTHONY	
1.3 STREET ADDRESS	946 CRYSTAL LAKE DRIVE	
1.4 CITY-ST-ZIP	PORT ORANGE, FL 32127	
2.1 TITLE	LYNDA D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOORE, LYNDA	
2.3 STREET ADDRESS	950 CRYSTAL LAKE DRIVE	
2.4 CITY-ST-ZIP	PORT ORANGE FL 32127	
3.1 TITLE	BARBARA D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NORRIS, BARBARA	
3.3 STREET ADDRESS	904 N. LAKEWOOD TERRACE	
3.4 CITY-ST-ZIP	PORT ORANGE FL 32127	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	MURIEL D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BLAIS, MURIEL	
5.3 STREET ADDRESS	928 N. LAKEWOOD TERRACE	
5.4 CITY-ST-ZIP	PORT ORANGE FL 32127	
6.1 TITLE	BEVERLY D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PLUNKETT, BEVERLY	
6.3 STREET ADDRESS	935 N. LAKEWOOD TERRACE	
6.4 CITY-ST-ZIP	PORT ORANGE, FL 32127	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* DATE 3-11-97 DAYTIME PHONE (904) 756-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE 0002803

CR2E037 (9/96)