

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 770883 (7)  
1. Corporation Name  
COUNTRYSIDE PUD UNIT III-B HOMEOWNERS ASSOCIATIO  
N, 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

4. FEI Number  
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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 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 Kubacki, Anthony

82 Street Address (P.O. Box Number is Not Acceptable)  
946 Crystal Lake Drive

83

84 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 Anthony Kubacki Anthony Kubacki 4-19-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUBACKI, ANTHONY	1.2 NAME	Bastow, Deborah
STREET ADDRESS	946 CRYSTAL LAKE DRIVE	1.3 STREET ADDRESS	902 N. Lakewood Terrace
CITY-ST-ZIP	PORT ORANGE FL 32127	1.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, LYNDA	2.2 NAME	Ritchey, Glenn, Jr.
STREET ADDRESS	950 CRYSTAL LAKE DRIVE	2.3 STREET ADDRESS	949 N. Lakewood Terrace
CITY-ST-ZIP	PORT ORANGE FL 32127	2.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, BARBARA	3.2 NAME	
STREET ADDRESS	904 N. LAKEWOOD TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIS, MURIEL	4.2 NAME	
STREET ADDRESS	928 N. LAKEWOOD TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUNKETT, BEVERLY	5.2 NAME	
STREET ADDRESS	935 N. LAKEWOOD TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Deborah Bastow Deborah Bastow 4-20-98 904-258-3282

CR2E037 (10/97)