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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 770883

1. Corporation Name

COUNTRYSIDE PUD UNIT III-B HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 291353
 PORT ORANGE FL 32129-8353

Mailing Address

P.O. BOX 291353
 PORT ORANGE FL 32129-8353



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/24/1983

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

9. Name and Address of Current Registered Agent

KUBACKI, ANTHONY
946 CRYTAL LAKE DR
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 P. Kubacki

(NOTE: Registered Agent signature required when reinstating)

1/14/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

D
KUBACKI, ANTHONY
946 CRYTAL LAKE DRIVE
PORT ORANGE FL 32127

TITLE DELETE

D
BASTOW, DEBORAH
902 N LAKEWOOD TERR
PORT ORANGE FL 32127

TITLE DELETE

D
NORRIS, BARBARA
904 N. LAKEWOOD TERRACE
PORT ORANGE FL 32127

TITLE DELETE

D
RITCHEY, GLENN J
949 N LAKEWOOD TERR
PORT ORANGE FL 32127

TITLE DELETE

D
PLUNKETT, BEVERLY
935 N. LAKEWOOD TERRACE
PORT ORANGE FL 32127

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

DIRECTOR
Philip Fulcher
945 Crystal Lake
Port Orange, FL 32127

2.1 TITLE Change Addition

VICE-President
Jack Fraser
929 N. Lakewood Ter.
Port Orange, FL 32127

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 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)(f), 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, with all other like empowered.

SIGNATURE:

Deborah Bastow
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 February 1999

Date

904-788-8462
 Daytime Phone #

CR2E037 (1/198)