

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90212 004 \*\*\*\*61.25

**DOCUMENT # 770883**

1. Entity Name

**COUNTRYSIDE PUD UNIT IIB HOMEOWNERS ASSOCIATIO**

Principal Place of Business

Mailing Address

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

P.O. BOX 291353  
 PORT ORANGE FL 32129-1353

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired  Additional Fee Required

**\$8.75**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUBACKI, ANTHONY**  
**946 CRYTAL LAKE DR**  
**PORT ORANGE FL 32127**

Name **DONNELLAN JOSEPH P.**

Street Address (P.O. Box Number is Not Acceptable)  
**954 CRYSTAL LAKE DR.**

City **PORT ORANGE, FL** Zip Code **32127**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the state of Florida.

SIGNATURE **JOSEPH P. DONNELLAN - TREASURER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/18/00**

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>KUBACKI, ANTHONY</b>
STREET ADDRESS	<b>946 CRYTAL LAKE DRIVE</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BASTOW, DEBORAH</b>
STREET ADDRESS	<b>902 N LAKEWOOD TERR</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>NORRIS, BARBARA</b>
STREET ADDRESS	<b>904 N. LAKEWOOD TERRACE</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>FULCHER, PHILIP</b>
STREET ADDRESS	<b>954 CRYSTAL LAKE</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>FRASER, JACK</b>
STREET ADDRESS	<b>929 N LAKEWOOD TER</b>
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEVERLY PLUNKETT</b>
STREET ADDRESS	<b>935 N. LAKEWOOD TERR.</b>
CITY-ST-ZIP	<b>PORT ORANGE, FL. 32127</b>
TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN FRASER</b>
STREET ADDRESS	<b>929 N. LAKEWOOD TERR.</b>
CITY-ST-ZIP	<b>PORT ORANGE, FL. 32127</b>
TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANK MINZEY</b>
STREET ADDRESS	<b>949 CRYSTAL LAKE DR.</b>
CITY-ST-ZIP	<b>PORT ORANGE, FL. 32127</b>
TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOSEPH DONNELLAN</b>
STREET ADDRESS	<b>954 CRYSTAL LAKE DR.</b>
CITY-ST-ZIP	<b>PORT ORANGE, FL. 32127</b>
TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM LATOURELLE</b>
STREET ADDRESS	<b>944 CRYSTAL LAKE DR.</b>
CITY-ST-ZIP	<b>PORT ORANGE, FL. 32127</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSEPH DONNELLAN** **1/7/00** **904-761-2323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #