

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770883

FILED
Feb 08, 2010
Secretary of State

Entity Name: COUNTRYSIDE PUD UNIT III-B HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

904 N LAKEWOOD TERR
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 291353
PORT ORANGE, FL 321291353 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, BARBARA A T
904 N LAKEWOOD TERR
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

NORRIS, BARBARA A D
904 N LAKEWOOD TERR
PORT ORANGE, FL 32127 US

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

SIGNATURE: BARBARA A NORRIS

02/08/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: TRAN, DANIEL PRES
Address: 906 N LAKEWOOD TERR
City-St-Zip: PORT ORANGE, FL 32127

Title: S
Name: BEDFORD, SUSAN SECY
Address: 900 N LAKEWOOD TERR
City-St-Zip: PORT ORANGE, FL 32127

Title: T
Name: KUBACKI, CAROL TREAS
Address: 946 CRYSTAL LAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D
Name: NORRIS, BARBARA A DIR
Address: 904 N LAKEWOOD TERR
City-St-Zip: PORT ORANGE, FL 32127

Title: VP
Name: COLELLA, DANIELLE V-PRES
Address: 905 N LAKEWOOD TERR
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA A NORRIS

D

02/08/2010

Electronic Signature of Signing Officer or Director

Date