2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/12/2006-90003-031-$70.00-$70.00

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DOCUMENT # N05000002826

1. Entity Name
COUNTRYSIDE VILLAGE MOBILE HOMEOWNERS' ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
9452 GENESSEE DR. BROOKSVILLE, FL 34613	9452 GENESSEE DR. BROOKSVILLE, FL 34613

07032006 Chg-NP CR2E037 (4/06) Assigned

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 30-0365929 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OHLE, JOHN W 9452 GENESSEE DR. BROOKSVILLE, FL 34613	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OHLE, JOHN W 9452 GENESSEE DR. BROOKSVILLE, FL 34613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHRISTIAN, NANCY 9452 GENESSEE DR. BROOKSVILLE, FL 34613	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Dennis Liestman 9147 Gettie Dr. Brooksville, Fla 34613	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LIESTMAN, GALE 9147 GETTIE DR. BROOKSVILLE, FL 34613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANGWORTHY, FLORENCE 9074 GENNESEE DR BROOKSVILLE, FL 34613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] Agent 7/7/06 352 200 6375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #