

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002826

FILED
Jul 07, 2008
Secretary of State

Entity Name: COUNTRYSIDE VILLAGE MOBILE HOMEOWNERS' ASSOCIATION, INCORPORATED

Current Principal Place of Business:

9147 GETTIE DR
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

9147 GETTIE DR.
BROOKSVILLE, FL 34613

New Mailing Address:

FEI Number: 30-0365929 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OHLE, JOHN W
21253 YONTZ RD.
SUITE # 36
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHRISTIAN, NANCY
Address: 9189 MEADOWS ELM TERRACE
City-St-Zip: BROOKSVILLE, FL 34613

Title: VD () Delete
Name: LEISTMAN, DENNIS
Address: 9147 GETTIE DRIVE
City-St-Zip: BROOKSVILLE, FL 34613

Title: STD () Delete
Name: LEISTMAN, GALE
Address: 9147 GETTIE DR.
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: LANGWORTHY, FLORENCE
Address: 9074 GENNESEE DR
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEISTMAN, DENNIS
Address: 9147 GETTIE DR
City-St-Zip: BROOKSVILLE, FL 34613

Title: VD (X) Change () Addition
Name: CLAYTON, LINDSEY
Address: 9143 GENNESEE DRIVE
City-St-Zip: BROOKSVILLE, FL 34613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GALE LEISTMAN

STD

07/07/2008

Electronic Signature of Signing Officer or Director

Date