

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90042 028 \*\*\*\*70.00

<b>DOCUMENT # N12838</b> 1. Entity Name <b>COUNTRYSIDE AT THE VALLEY HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>786 BLANDING BLVD, #118 ORANGE PARK, FL 32065 US</b>			Mailing Address <b>786 BLANDING BLVD, #118 ORANGE PARK, FL 32065 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01182006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>59-2622279</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PERRY, ALAN 786 BLANDING BLVD, #118 ORANGE PARK, FL 32065</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JARRELL, DENNIS 12011 MEADOWVIEW DR. S. JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOLMAN, TERRY 3928 N MEADOWVIEW DRIVE JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Eileen Kosay 3954 Meadowview Dr. N. Jacksonville, FL. 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GLIDDEN, LYNN 12012 S MEADOWVIEW DRIVE JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Muriel Manson 3958 Meadowview Dr. N. Jacksonville, FL. 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEELE, CLARA 12016 MEADOW VIEW DR. S. JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Betty Leavitt 12020 Meadowview Dr. S. Jacksonville, FL. 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEELE, CLARA 12016 MEADOWVIEW DR. S. JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sue Steele
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.					
SIGNATURE:			2-3-06		904-446-0028
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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