2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# N20343

Entity Name: COUNTRYSIDE PUD UNIT IIIE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Mailing Address:

FEI Number: 59-2937228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1166 PELICAN BAY DR
DAYTONA BEACH, FL 32119 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: STREIBIG, FRANK
Address: 982 BREEZMONT CT
City-St-Zip: PT ORANGE, FL 32127

Title: STD ( ) Delete
Name: FAINOR, LETITIA
Address: 975 BELLEFLOWER DR
City-St-Zip: DAYTONA BEACH, FL 32127

Title: VPD ( ) Delete
Name: CARUSO, GARY
Address: 990 BREEZEMONT COURT
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCQUILLAN, LEO
Address: 1005 BELLEFLOWER DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: STD (X) Change ( ) Addition
Name: FAILOR, LETITIA
Address: 975 BELLEFLOWER DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VPD (X) Change ( ) Addition
Name: FETTERMAN, JANET E
Address: 1019 BELLEFLOWER DRIVE
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the 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: LEO MCQUILLAN PRES 02/28/2006

Electronic Signature of Signing Officer or Director — Date